



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID# C091129

OFFICE USE ONLY
bb 17

STATEMENT DATE May 19, 2009		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE Parson for State Senate					
4. COMMITTEE MAILING ADDRESS ADDRESS: 940 N Redel Pl CITY/STATE/ZIP: Bolivar, MO 65613				5. TELEPHONE NUMBER (417) 326-5590	
6. TREASURER'S NAME Denri McCole					
7. TREASURER'S MAILING ADDRESS ADDRESS: 3892 Hwy 123 CITY/STATE/ZIP: Fair Play, MO 65649				8. TELEPHONE NUMBER HOME: (417) 654-2623 WORK: (417) 326-8000	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Rachel Lightfoot					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 1823 E 332nd Rd CITY/STATE/ZIP: Polk, MO 65727				11. TELEPHONE NUMBER HOME: (417) 253-7619 WORK: (417) 327-6218	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION Mid-Missouri Bank 2275 S Springfield Ave Bolivar, MO 65613					
B. ACCOUNT NAME Parson for State Senate		C. ACCOUNT NO.			
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME Michael Parson		B. ADDRESS 940 N Redel Pl Bolivar, MO 65613		C. TELEPHONE NO. (417) 326-5590	D. POLITICAL PARTY Republican
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) Michael Parson		B. ELECTION DATE 08/03/2010	C. OFFICE SOUGHT State Senate District 28	D. POLITICAL SUBDIVISION Dist 28	CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
18. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE		

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JUN 01 2009