



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # CO91248

OFFICE USE ONLY

[Handwritten initials]

STATEMENT DATE <u>10-5-2009</u>		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 <u>Friends of Caleb Jones</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>PO Box 5</u> CITY/STATE/ZIP: <u>California, MO 65018</u>				5. TELEPHONE NUMBER <u>573-424-7452</u>	
6. TREASURER'S NAME <u>Joseph Gramlich</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>15274 Hwy 87</u> CITY/STATE/ZIP: <u>Boonville, MO 65233</u>				8. TELEPHONE NUMBER HOME: <u>660-882-8092</u> WORK:	
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: <u>MISSOURI ETHICS COMMISSION</u> CITY/STATE/ZIP: <u>OCT 05 2009</u>				11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS <u>HAND DELIVERED</u>				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 <u>Commerce Bank</u> <u>209 E. Main St.</u> <u>California, MO 65018</u>		B. ACCOUNT NAME <u>Caleb M. Jones d/b/a</u> <u>Friends of Caleb Jones</u>		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					
18. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME <u>Caleb M. Jones</u>		B. ADDRESS <u>29881 Pam Jones Rd., Clarksburg, MO 65025</u>		C. TELEPHONE NO. <u>573-424-7452</u>	D. POLITICAL PARTY <u>Republican</u>
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME			B. ADDRESS		
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S)		B. ELECTION DATE <u>8/3/2010</u>	C. OFFICE SOUGHT <u>state rep</u>	D. POLITICAL SUBDIVISION <u>117 th Dist</u>	CHECK ONE E. SUPPORT F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE E. SUPPORT F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Joseph Gramlich</u> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>[Signature]</u> CANDIDATE'S SIGNATURE	