MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C061609

OFFICE USE ONLY: BB

STATEMENT DATE	TYPE OF STATEMENT (CHECK ONE)	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
October 5, 2009	☐ NEW ☑ AMENDED	Lines 8 & 14

3. FULL NAME OF COMMITTEE: Missouri Law Enforcement for Good Government (MOLEGG)

4. COMMITTEE MAILING ADDRESS
ADDRESS: 715 Jefferson Street
CITY / STATE / ZIP: Jefferson City, MO 65101

5. TELEPHONE NUMBER: 573.632.4209

6. TREASURER'S NAME: Andrew C. Albert, Jr.

7. TREASURER'S MAILING ADDRESS
ADDRESS: 1122 Dougherty Ferry
CITY / STATE / ZIP: Kirkwood, MO 63122

8. TELEPHONE NUMBER
HOME: 314.966.6104
WORK: 314.775.8029

9. DEPUTY TREASURER'S NAME: Greg Wheelen ☐ CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS
ADDRESS: 715 Jefferson Street
CITY / STATE / ZIP: Jefferson City, MO 65101

11. TELEPHONE NUMBER
HOME: 417.864.1731
WORK: 417.425.0601

12. OTHER COMMITTEE OFFICERS (IF ANY)

A. NAME	B. ADDRESS	C. TITLE
N/A		

13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE?
☐ YES ☐ NO ☑ N/A

14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)

A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION	B. ACCOUNT NAME	C. ACCOUNT NO.
Hawthorn Bank 211 W. Dunklin Street Jefferson City, MO 65102	Missouri Law Enforcement for Good Government	

15. TYPE OF COMMITTEE
☐ CANDIDATE ☐ POLITICAL PARTY ☑ CONTINUING ☐ CAMPAIGN ☐ EXPLORATORY ☐ DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)

A. NAME	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY
N/A			

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)

A. NAME	B. ADDRESS
Missouri Fraternal Order of Police	715 Jefferson Street Jefferson City, MO 65101

18. CANDIDATES SUPPORTED OR OPPOSED

A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT	F. OPPOSE
N/A				☐	☐

AMENDMENT

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
N/A			☐	☐

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.

N/A

CANDIDATE'S SIGNATURE

MISSOURI ETHICS COMMISSION
OCT 0 9 2009