



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C091248

OFFICE USE ONLY
[Handwritten initials]

STATEMENT DATE 1-6-11	TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) Line Number 4, Line Number 16
--------------------------	---	--

3. FULL NAME OF COMMITTEE **Friends of Caleb Jones**

4. COMMITTEE MAILING ADDRESS ADDRESS: PO Box 5 CITY / STATE / ZIP: California, MO 65018	5. TELEPHONE NUMBER 573-424-7452
---	--

6. TREASURER'S NAME **Joseph Gramlich**

7. TREASURER'S MAILING ADDRESS ADDRESS: 15274 Hwy 87 CITY / STATE / ZIP: Boonville, MO 65233	8. TELEPHONE NUMBER HOME: 660-882-8092 WORK:
--	---

9. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:	11. TELEPHONE NUMBER HOME: WORK:
---	--

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 B. ACCOUNT NAME C. ACCOUNT NO.

15. TYPE OF COMMITTEE
 CANDIDATE POLITICAL PARTY POLITICAL ACTION (PAC) CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)			
A. NAME Caleb M. Jones	B. ADDRESS 103 Kelly St., California, MO 65018	C. TELEPHONE NO. 573-424-7452	D. POLITICAL PARTY Republican

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)	
A. NAME	B. ADDRESS

18. CANDIDATES SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF CANDIDATE(S) Caleb M. Jones	B. ELECTION DATE Nov. 6, 2012	C. OFFICE SOUGHT State Representative	D. POLITICAL SUBDIVISION District 117	E. SUPPORT <input checked="" type="checkbox"/>	F. OPPOSE <input type="checkbox"/>

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED			CHECK ONE	
A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	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.
[Signature]
TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.
[Signature]
CANDIDATE'S SIGNATURE

MISSOURI ETHICS COMMISSION
JAN 12 2011