



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C031159

OFFICE USE ONLY
BB *DL*

STATEMENT DATE 01/26/11		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 5,10, 14A, 16B, 16C	
3. FULL NAME OF COMMITTEE Missourians for Koster					
4. COMMITTEE MAILING ADDRESS ADDRESS: P.O. Box 1551 CITY/STATE/ZIP: Jefferson City, MO 65101				5. TELEPHONE NUMBER (816) 719-1890	
6. TREASURER'S NAME Gary Mallory					
7. TREASURER'S MAILING ADDRESS ADDRESS: 519 London Way CITY/STATE/ZIP: Belton, MO 64012				8. TELEPHONE NUMBER HOME: (816) 331-1431 WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Travis Levitt					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 803 West 69th Terr. CITY/STATE/ZIP: Kansas City, MO 64113				11. TELEPHONE NUMBER HOME: (816) 309-3791 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 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 C. ACCOUNT NO.					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> POLITICAL ACTION (PAC) <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) POLITICAL PARTY A. NAME B. ADDRESS C. TELEPHONE NO. D. PARTY Chris Koster PO Box 1551 Jefferson City, MO 65101 (816) 719-1890 Democratic					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
AMENDMENT					
18. CANDIDATES SUPPORTED OR OPPOSED CHECK ONE A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE Chris Koster 08/07/2012 Attorney General [blank] [blank] <input checked="" type="checkbox"/> <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 F. OPPOSE <input type="checkbox"/> <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	

MO 300-1308 (10-08)

CO-1 & 2

FEB 07 2011

HAND DELIVERED