



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # c091230

OFFICE USE ONLY

FB *De*

STATEMENT DATE December 21, 2010	TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 4,16C,18B
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3. FULL NAME OF COMMITTEE Patrons to Elect Bart Korman

4. COMMITTEE MAILING ADDRESS ADDRESS: <u>12 Hickory Wood Road</u> CITY / STATE / ZIP: <u>High Hill, MO 63350</u>	5. TELEPHONE NUMBER <u>636-359-0000</u>
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6. TREASURER'S NAME Kevin Cobb

7. TREASURER'S MAILING ADDRESS ADDRESS: <u>12 Hickory Wood Road</u> CITY / STATE / ZIP: <u>High Hill, MO 63350</u>	8. TELEPHONE NUMBER HOME: <u>636-585-1422</u> WORK: <u>573-220-5135</u>
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9. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:	11. TELEPHONE NUMBER HOME: WORK:
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12. OTHER COMMITTEE OFFICERS (IF ANY)	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
A. NAME B. ADDRESS C. TITLE	

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	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY
<u>Bart Korman</u>	<u>PO Box 33 High Hill, MO 63350</u>	<u>636-585-2700</u>	<u>R</u>

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)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	E. SUPPORT	F. OPPOSE
<u>Bart Korman</u>	<u>Aug 2012</u>	<u>State Representative</u>	<u>District 99</u>	<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"/>

AMENDMENT

20. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Kevin Cobb
TREASURER'S SIGNATURE

MAR 09 2011
HAND DELIVERED

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Bart Korman
CANDIDATE'S SIGNATURE