



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C091129

BAB ge

STATEMENT DATE March 11, 2011		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 18	
3. FULL NAME OF COMMITTEE Parson for State Senate					
4. COMMITTEE MAILING ADDRESS ADDRESS: 940 N Redel Pl CITY / STATE / ZIP: Bolivar, MO 65613				5. TELEPHONE NUMBER (417)326-5590	
6. TREASURER'S NAME Denni McColm					
7. TREASURER'S MAILING ADDRESS ADDRESS: 3892 Hwy 123 CITY / STATE / ZIP: Fair Play, MO 65649				8. TELEPHONE NUMBER HOME: (417)654-2623 WORK: (417)327-5218 <u>326-6000</u>	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Rachel Lightfoot					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 1823 E 332nd Rd CITY / STATE / ZIP: Polk, MO 65727				11. TELEPHONE NUMBER HOME: (417)253-7619 WORK: (417)327-5218	
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.					

AMENDMENT

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)						
A. NAME Michael Parson		B. ADDRESS 940 N Redel Pl Bolivar, MO 65613		C. TELEPHONE NO. (417)326-5590	D. POLITICAL PARTY Republican	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS						
18. CANDIDATES SUPPORTED OR OPPOSED						
A. NAME(S) OF CANDIDATE(S) Michael Parson		B. ELECTION DATE 11/03/2010 <u>8-5-10</u>	C. OFFICE SOUGHT State Senate District 28		D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <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 <input type="checkbox"/> F. OPPOSE <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			