



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: BB JE

Statement of Committee Organization

1. Statement Information

Date: 12/08/2011
 Type: New Amended (if amending, enter MEC ID C091129 & section changed 6)

2. Committee Information

Parson for State Senate
 Name of Committee
940 N Redel PI Bolivar, MO 65613
 Committee Mailing Address, City, State, & Zip
 Telephone Number
 Official Committee Email Address
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Debt Service Exploratory Political Action (PAC) Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last) _____ Treasurer's Email Address (optional) _____
 Treasurer's Mailing Address, City, State, & Zip _____ Treasurer's Home Telephone Number _____ Treasurer's Work Telephone Number _____
 Deputy Treasurer's Name (if one appointed) _____ Deputy Treasurer's Email Address (optional) _____
 Deputy Treasurer's Mailing Address, City, State, & Zip _____ Dep. Treasurer's Home Telephone Number _____ Dep. Treasurer's Work Telephone Number _____

4. Additional Committee Information

Additional Committee Officer Name & Title (if any) _____ Additional Committee Officer's Mailing Address, City, State, & Zip _____
 Connected Organization's Name (if any) _____ Connected Organization's Mailing Address, City, State, & Zip _____

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution _____ Account Name _____ Account Number _____

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate _____ Telephone Number (Candidate Committees Only) _____
St Senate Dist 28
 Election Date _____ Office Sought & Political Subdivision _____ Political Party _____ Support or Oppose _____

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure _____ Election Date & Political Subdivision _____ Support or Oppose _____

8. Signature(s) Check certification(s) & sign (required by all committees)

I/We certify that this statement is complete, true and accurate.
 e-File: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.

[Signature]
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)

Missouri Ethics Commission
 DEC 19 2011