

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

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Statement of Committee Organization

1.	Statement Information		
	Date: 12/6/2011 Type: They I Amended (if amending enter MEC ID C111	1007	
	Type. I New Mannended (if afficiently, effice MLC to	8 section changed 0	
2.	Committee Information		
	Committee to Elect Jon Carpenter Name of Committee		_
	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	
١.	Treasurer/Deputy Treasurer Information		
	- Carlos Car 		
	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	_
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	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	-
		()()	
	Deputy Treasurer's Malling Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number	
١.	Additional Committee Information	。 《《《··································	
	Additional Committee Officer's Name of Title (Ig.and) Connected Organization's Name (If any)	Additional Committee Officer's Mailing Address, City, State, & Zip Connected Organization's Mailing Address, City, State, & Zip	-
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on back)	
•	Official Bank Account Information (required by all committees)		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name Account Number	*
	Candidate Supported or Opposed (candidate committees must in		
	Name & Mailing Address, City, State & Zip of Candidate	(
	State Rep HD 15	Telephone Number (Candidate Committees Only)	dig.
	Election Date Office Sought & Political Subdivision	Political Party Support or Oppose	-
. [Ballot Measure Supported or Opposed (campaign committees mu	ust complete this section)	
•			-
i	Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose	
ı	Signature(s) Check certification(s) & sign (required by all commi	ittees)	ı
((i/We certify that this statement is complete, true and accurate.		-
į	\mathbf{X} e-Filers: This committee is required by law to file with the MEC a		العجاد
	MEC's electronic filing system.	A Commi	Naz
_	INN CUMIC	Mom Choten which 201	· ·
-	Ommittee Jreasyler	Candidate (Candidate Committees Only)	•

MO 300-1308 Packet (Rev. 09/2011) Form must be completed in full & contain original signature(s), fax filings are not appreced.