



Office Use: KB RL

Statement of Committee Organization

1. Statement Information

Date: Feb. 8, 2012
 Type: New Amended (if amending, enter MEC ID C101084 & section changed 3, 6)

2. Committee Information

Name of Committee: Friends of Rick Brattin
 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 Name: Vernon "Dutch" Becker
 Treasurer's Name (First & Last): _____
 Treasurer's Mailing Address, City, State, & Zip: 1018 Wiltshire Blvd Raymore, MO 64083
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (816) 419-9738 Treasurer's Work Telephone Number: () MISSOURI ETHICS COMMISSION
 Deputy Treasurer Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: 22405 S. Excelsior Rd. Harrisonville, Mo 64701
 Deputy Treasurer's Email Address (optional): _____
 Dep. Treasurer's Home Telephone Number: (816) 804-0133 Dep. Treasurer's Work Telephone Number: () HAND DELIVERED
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4. Additional Committee Information

Additional Committee Officer's 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): _____
 Election Date: _____ State Representative, 55th District: _____ Political Party: _____ Support or Oppose: _____
 Office Sought & Political Subdivision: _____

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.
 Committee Treasurer: [Signature] Candidate (Candidate Committees Only): [Signature]