



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

Office Use: AB se

Statement of Committee Organization

1. Statement Information

Date: 12-12-12
 Type: New Amended (if amending, enter MEC ID C-091230 & section changed 6)

2. Committee Information

Patrons to Elect Bart Korman
 Name of Committee
12 Hickory Wood Road High Hill, MO 63350 (636) 359-0000
 Committee Mailing Address, City, State, & Zip Telephone Number
Montgomery County
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Kevin Cobb Treasurer's Name (First & Last) Treasurer's Email Address (optional)
12 Hickory Wood Rd, High Hill, MO 63350 (636) 585-1422 (573) 486-3204
 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

AMENDMENT
 Additional Committee Officer's Name & Title (Party) 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)

Bart Korman PO Box 33 High Hill, MO 63350 (636) 585-2700 ()
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
August 2014 State Representative- District 42 Republican Support
 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 affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Kevin Cobb Committee Treasurer [Signature] Candidate (Candidate Committees Only) MISSOURI ETHICS COMMISSION