



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

Office Use: *De*

Statement of Committee Organization

1. Statement Information

Date: 1/15

Type: ☐ New ☒ Amended (if amending, enter MEC ID C111097 & section changed _____)

2. Committee Information

Name of Committee: Committee to Elect Jon Carpenter

Committee Mailing Address, City, State, & Zip _____

Telephone Number _____

Official Committee Email Address _____

County Clerk or Board of Election Commissioners _____

Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ 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'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 8/5/2014

Office Sought & Political Subdivision State Representative HD15

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.

MISSOURI ETHICS COMMISSION

Committee Treasurer *[Signature]*

Candidate (Candidate Committees Only) *[Signature]*

JAN 15 2013