



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

Office Use:

Statement of Committee Organization

1. Statement Information

Date: 3-26-13
 Type: New Amended (if amending, enter MEC ID C091248 & section changed 6)

2. Committee Information

Friends of Caleb Jones
 Name of Committee
PO Box 5, California, MO 65018 (573) 424-7452
 Committee Mailing Address, City, State, & Zip Telephone Number
Moniteau
 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

Daniel Beckett
 Treasurer's Name (First & Last)
2403 Marietta Falls, Columbia, MO 65203
 Treasurer's Mailing Address, City, State, & Zip
(573) 424-0378 ()
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
AMENDMENT
 Deputy Treasurer's Name (if to be appointed)
() ()
 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)

Caleb Jones, 605 Crystal Lane, California, MO 65018 (573) 424-7452 ()
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
08/02/2014 State Representative, District 50 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.

 Committee Treasurer

 Candidate (Candidate-Committees Only)
MISSOURI ETHICS COMMISSION