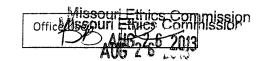


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information	and Jackson and A	The second second
	Date: 8/20/13		_
	Type: New Amended (if amending, enter MEC ID C11	11214 & section c	hanged 6
2.	Committee Information		
	(:it-zens for Rocky Uilly	er	
	Name of Committee		
	Committee Mailing Address, City, State, & Zip		Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commiss	ioners
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Exp	loratory 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 (optiona	May a second
	Deputy Treasurer's Mailing Address, City, State, & Zip	(Dep. Treasurer's Work Telephone Number
	Section 1 and 1 an	and the second of the second o	ocpations with releptions with the same
4.	Additional Committee Information		
	Additional Committee Officers Warte & Bitle (Tennis)	Additional Committee Officer's Mailing Address, City, State, & Zip	
	$\Delta M - M M M - M$	9	,,
	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)	
	Rocky Miller, P.O. 1633, Lake Ozark, MO 65049 Name & Mailing Address, City, State & Zip of Candidate	() Telephone Number (Candidate Committees	Only
	Harrie & Harring Address, City, State & Ep of Cartaloace	relephone Number (Calididate Committees	Olly)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees n	nust complete this section)	
		<u> </u>	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	ignature(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		
	urther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	To hu	May Mill	
	Committee Treasurer	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 07/2013)