



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

MISSOURI ETHICS COMMISSION
 Office Use:
 OCT 18 2013

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 10/17/2013 C000628
 Type: New Amended (if amending, enter MEC ID C000928 & section changed Sec. 5 & 7)

2. Committee Information

Missouri Right to Life Political Action Committee
 Name of Committee
PO Box 651, Jefferson City, MO, 65102
 Committee Mailing Address, City, State, & Zip (573) 635-5110
Telephone Number
Cole County
 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

AMENDMENT
 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)

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 _____ Office Sought & Political Subdivision _____ Political Party _____ Support or Oppose _____

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Question No. 1, Jackson County Ballot November 5, 2013, Jackson County.
Election Date & Political Subdivision Oppose
Support or Oppose
 Name of Ballot Measure _____

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.

Patricia M. Skain *Patricia M. Skain*
 Committee Treasurer Candidate (Candidate Committees Only)