

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

Office Use:	BB	0
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## **Statement of Committee Organization**

1.	Statement Information			
	Date.	00628 2000 ~ 1	Soc 5 9 7	
	Type: New Amended (if amending, enter MEC ID	00928	hanged Sec. 5 & 7	
2.	ommittee Information			
	Missouri Right to Life Political Action Committee	e 		
	PO Box 651, Jefferson City, MO 65102		<sub>(</sub> 573 <sub>)</sub> 635-5110	
	Committee Mailing Address, City, State, & Zip		Telephone Number	
	Official Committee Email Address	Cole  County Clerk or Board of Election Commiss	ioners	
			ploratory Political Party	
2	Treasurer/Deputy Treasurer Information	(1716) Debet bet 1166	To Herody Larey	
٥.	Treasurery Deputy Treasurer Information	<u>·</u>		
	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	1)	
		()	()	
	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 Confidition Office (stamme Title (rev))	Additional Committee Officer's Mailing Add	dress, 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		,	
5.	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 r	nust complete this section)		
	Question No. 1, Jackson County Ballot	Nov. 5, 2013, Jackson County	Oppose	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
	Signature(s) Check certification(s) & sign (required by all com	mittees)		
	☐ 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 pun	ishable under Ch. 575 RSMo.	
9	Patricia M. Skain		MISSOURI ETHICS COMMISSIO	
	Committee Treasurer	Candidate (Candidate Committees Only)	OIO GHAINT PARTIE PARTIE DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DEL C	

MO 300-1308 Packet (Rev. 07/2013) Form must be completed in full & contain original signature(s), fax filings are not accepted 2.2 P2013 of 3