




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: March 12, 2014  
 Type:  New  Amended (if amending, enter MEC ID C061609 & section changed 2, 3 & 5)

**2. Committee Information**

MO FOP PAC (Name Change)  
 Name of Committee  
715 Jefferson St. Jefferson City, MO 65101 (800) 752-5707  
 Committee Mailing Address, City, State, & Zip Telephone Number  
N/A N/A  
 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**

Andrew Albert  
 Treasurer's Name (First & Last) 715 Jefferson St. Jefferson City, MO 65101  
 Treasurer's Mailing Address, City, State, & Zip (314) 775-8029  
 Treasurer's Home Telephone Number ( )  
 Treasurer's Work Telephone Number  
Greg Wheelen  
 Deputy Treasurer's Name (if one appointed) 715 Jefferson St. Jefferson City, MO 65101  
 Deputy Treasurer's Mailing Address, City, State, & Zip (417) 425-0601  
 Dep. Treasurer's Home Telephone Number ( )  
 Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

N/A  
 Additional Committee Officer's Name & Title (if any) 715 Jefferson St. Jefferson City, MO 65101  
 Additional Committee Officer's Mailing Address, City, State, & Zip  
Missouri Fraternal Order of Police  
 Connected Organization's Name (if any) 715 Jefferson St. Jefferson City, MO 65101  
 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)**

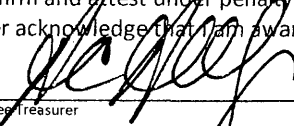
N/A  
 Name & Mailing Address, City, State, & Zip of candidate Telephone Number (Candidate Committees Only)  
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

**AMENDMENT**

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

N/A  
 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.  
 N/A  
 Committee Treasurer Candidate (Candidate Committees Only)

Missouri Ethics Commission  
 MAR 14 2014