



Office Use:

Statement of Committee Organization

1. Statement Information

Date: 12/1/14
 Type: New Amended (if amending, enter MEC ID C091129 & section changed 6 & 2)

2. Committee Information

Parson for Missouri
 Name of Committee

Committee Mailing Address, City, State, & Zip _____ Telephone Number _____

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 _____

Amendment

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 _____ NUMBER _____

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

<u>Mike Parson, 940 N Redel Pl, Bolivar, MO 65013</u>	<u>417-326-5590</u>	_____
Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees Only)	_____
<u>August 2018</u>	<u>Republican</u>	<u>Support</u>
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)