



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

MISSOURI ETHICS COMMISSION
 Office Use: *[Signature]*
 JAN 08 2015

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 12/3/14
 Type: New Amended (if amending, enter MEC ID C091248 & section changed 6)

2. Committee Information

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) DANIEL BECKETT
 Treasurer's Mailing Address, City, State, & Zip 2403 Marietta Falls Columbia, MO 65203
 Treasurer's Home Telephone Number (573) 424-0378 Treasurer's Work Telephone Number (573) 443-3141
 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

Additional Committee Officer's Name & Title (if any) AMENDMENT
 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 _____ Account Number _____

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

Name & Mailing Address, City, State, & Zip of Candidate FRIENDS OF CALEB DINES, PO Box 5, California MO 65018 Telephone Number (Candidate Committees Only) (573) 424-7452
 Election Date 08/02/16 Office Sought & Political Subdivision 50th Dist Political Party Republican 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.

[Signature] Committee Treasurer [Signature] Candidate (Candidate Committees Only)