

RECEIVED

Office Use: BIO JAN 16 2015



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

Statement of Committee Organization

COLE COUNTY CLERK

1. Statement Information

Date: 01/02/2015

Type: New Amended (if amending, enter MEC ID C000521 & section changed 3 & 4)

2. Committee Information

Ameren Missouri Political Action Committee

Name of Committee

PO Box 780 Jefferson City, MO 65101

Committee Mailing Address, City, State, & Zip

(573) 681-7127

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

Jon Albrecht

Treasurer's Name (First & Last)

1310 Industrial Dr. Jefferson City, MO 65109

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(573) 301-7644

Treasurer's Home Telephone Number

(573) 681-7521

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

Jean Mason Chairman - Brad Kloeppel Vice Chairman - Robert Dixon Secretary

Additional Committee Officer's Name & Title (if any)

PO Box 66149 St. Louis MO 63166

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)

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)