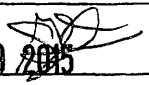




Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

MISSOURI ETHICS COMMISSION

Office Use: 
 MAY 29 2015

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 5/15/15

Type: New Amended (if amending, enter MEC ID CO31159 & section changed 3)

2. Committee Information

Koster 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 _____

Eric Slusher

Deputy Treasurer's Name (if one appointed) _____ Deputy Treasurer's Email Address (optional) _____

PO Box 1551 Jefferson City, MO 65102
 Deputy Treasurer's Mailing Address, City, State, & Zip _____ Dep. Treasurer's Home Telephone Number _____ Dep. Treasurer's Work Telephone Number (573) 299-0619

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 _____ Account Number _____

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) _____

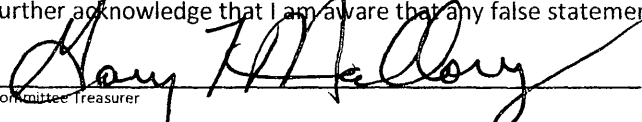
Election Date _____ Office Sought & Political Subdivision _____ Political Party _____ Support or Oppose _____

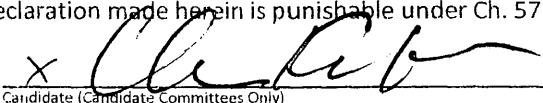
7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

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)