



Office Use: JE

# Statement of Committee Organization

**1. Statement Information**

Date: 07/27/2015  
 Type:  New  Amended (if amending, enter MEC ID C091129 & section changed 2 & 6)

**2. Committee Information**

Parson For Missouri  
 Name of Committee  
 Po Box 1004, Bolivar, Mo 65613  
 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 Account Number

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

Mike Parson, Po Box 1004, Bolivar, Mo 65613 (417) 326-5590 ( )  
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
 8/2/16 Lt. Governor Republican support  
 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.  
 [Signature] [Signature]  
 Committee Treasurer Candidate (Candidate Committees Only)