



Office Use: Bob De

Statement of Committee Organization

1. Statement Information

Date: 8-19-15
 Type: New Amended (if amending, enter MEC ID C091129 & section changed 3 & 8)

2. Committee Information

Name of Committee: PARSON FOR MISSOURI
 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): Rachel Lightfoot
 Treasurer's Mailing Address, City, State, & Zip: 1823 E. 332nd Rd Polk, Mo 65613
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (417) 253-7619 Treasurer's Work Telephone Number: _____
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Email Address (optional): _____
 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: Mike Parson PO Box 1004 Bolivar, MO 65613 Telephone Number (Candidate Committees Only): (417) 326-5590
 Election Date: 8/2/16 Office Sought & Political Subdivision: Lt Governor Political Party: Republican Support or Oppose: Support

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: Rachel Lightfoot Candidate (Candidate Committees Only): Mike Parson