

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

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Office Use:	

## **Statement of Committee Organization**

Statement Information Date: 2/9/16		jsk, artist
Type: New Amended (if amending, enter MEC ID	& section changed	
Committee Information		1. 14.54
Missourians for Cody Smith		
1012 Euclid Blvd, Carthage, MO, 64836	(417)291-020	00_
~ /	Marilyn Baugh, County Clerk, Jasper C	Count
Official Committee Email Address	County Clerk or Board of Election Commissioners	<del></del>
Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Exploratory Political Page 1997	arty
Treasurer/Deputy Treasurer Information		
Kevin Hardy		
Treasurer's Name (First & Last)  2430 S Jackson Ave, Joplin, MO 64804	Treasurer's Email Address (optional)  ,417 \ 540-3722	9
Treasurer's Malling Address, City, State, & Zip	Treasurer's Home Telephone Number Treasurer's Work Telephone Nu	
Depiny Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (optional)	
Deputy Treasurer's Malling Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telepho	ne Numb
Additional Committee Information		
Additional communication		
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 Official Bank Account Information (required by all committees		
Official Bank Account mornation (required by all committees		
Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
David Cody Smith, 1012 Euclid Blvd, Carthage, MO 64836	(417)291-0200	
Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees Only)	
8/2/16 State Representative, 163rd District	Republican Support Political Party Support or Oppose	
Election Date Office Sought & Political Subdivision		
Ballot Measure Supported or Opposed (campaign committees	must complete this section)	
Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose	······································
Signaturals Charle cartification(s) P. sign (ranginal by all same	mittags	· (* .)
Signature(s) Check certification(s) & sign (required by all com		, ,
I affirm and attest under penalty of perjury that information a further acknowledge that I am aware that any false statement or		
	Jac -	
Confinitee Treasure	Candidate (Candidate Committees Only)	
Form must be completed in full & contain or	iginal signature(s), fax filings are not accepted.	Page 1

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