

Missouri Ethics Commission (MEC)

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

Statement of Committee Organization



1.	Statement Information		
	Date: 11-17-16	400	^
	Type: New Amended (if amending, enter MEC ID	1129 & section ch	6 anged)
2.	Committee Information		
	FOREND FOR M'SCAIR;		
	Name of Committee		
	Committee Mailing Address City Cours 9 71		()
	Committee Mailing Address, City, State, & Zip		Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commission	ners
	Committee Type: Campaign Candidate Continuing (P	PAC) Debt Service Expl	oratory 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
	Treasurer 5 Wanning Address, City, State, & Lip	Treasurer's frome receptione runner	Treasurer 3 Work receptione Humber
	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		
	the St. But Managed by Br Bearder Mr. But Butters, Mr. B. amphaser		
	Additional Committee officer's Name & Title (Itany)	Additional Committee Officer's Mailing Address	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	O Yes (refer to instructions on t	pack) O 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)	
	Parson For Missouri P.O.Box 1004	(417) 326-5590	()
	Name & Mailing Address, City, State & Zip of Candidate 8/4/20 Lt Governor 55613	Telephone Number (Candidate Committees C Republican	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
•	bande Measure Supported of Opposed (campaign committees in	ast complete this section,	·
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	ittees)	
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I		
	wither acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	"KOChall In 18th worth	- Market 2/2	
	Committee Treasurer	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.