



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

DEC 20 2016

Office Use
 DEC 16 2016

Statement of Committee Organization

HAND DELIVERED

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1. Statement Information

Date: 12-5-16

Type: New Amended (if amending, enter MEC ID C091248 & section changed 6)

2. Committee Information

Name of Committee: Friends of Caleb Jones

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): Daniel Beckett Treasurer's Email Address (optional): _____

Treasurer's Mailing Address, City, State, & Zip: 2403 Marietta Falls, Columbia MO 65203 Treasurer's Home Telephone Number: (573) 424-0378 Treasurer's Work Telephone Number: (573) 1443-3141

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

Additional Committee Officer's Name & Title (if any): _____ Additional Committee Officer's Mailing Address, City, State, & Zip: _____

Connected Organization's Name (if any): **AMENDMENT** 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: Friends of Caleb Jones, PO Box 5, California MO 65018 Telephone Number (Candidate Committees Only): (573) 424-7452

Election Date: 11-8-2018 Office Sought & Political Subdivision: Statewide Political Party: Republican 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: [Signature] Candidate (Candidate Committees Only): [Signature]