



Statement of Committee Organization

1. Statement Information

Date: 12/14/2016
 Type: New Amended (if amending, enter MEC ID A161548 & section changed _____)

2. Committee Information

Sam Bushman for Presiding Commissioner

Name of Committee
236 East High Street / Jefferson City, Missouri 65101 (573) 634-7267
 Committee Mailing Address, City, State, & Zip Telephone Number

Cole County, Missouri Clerk
 County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Lyle Rosburg
 Treasurer's Name (First & Last)

1801 Scruggs Lane / Lohman, Missouri 65053 (573) 893-8573 (573) 291-7159
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number

None. NA
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)

NA () NA () NA
 Deputy Treasurer's Mailing Address, City, State, & Zip Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

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

NA NA
 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)

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

Sam Bushman 339 Redwing Drive Jefferson City, Missouri 65101 (573) 635-8869 (573) 893-8573
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)

08/05/2014 Presiding Commissioner - Cole County 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)

NA NA NA
 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] Samuel M. Bushman
 Committee Treasurer Candidate (Candidate Committees Only)

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