



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

Office of the Secretary
DEC 30 2016

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 12/28/2016

Type: [] New [x] Amended (if amending, enter MEC ID C000653 & section changed 3)

2. Committee Information

Mo Insurance Coalition PAC

Name of Committee

220 Madison St - 3rd Floor, Jefferson City, MO 65101

(573) 893-2687

Committee Mailing Address, City, State, & Zip

Telephone Number

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Amy Hamacher

Treasurer's Name (First & Last)

220 Madison St - 3rd Floor, Jefferson City, MO 65101

Treasurer's Mailing Address, City, State, & Zip

(573) 619-0434

Treasurer's Home Telephone Number

(573) 893-2687

Treasurer's Work Telephone Number

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)

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

() Telephone Number (Candidate Committees Only)

Election Date

Office Sought & Political Subdivision

Political Party

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)

[x] 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.

Amy Hamacher (handwritten signature)

Committee Treasurer

Candidate (Candidate Committees Only)