



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

Missouri Ethics Commission

Office JUN 1 1 2018

Statement of Committee Organization

1. Statement Information

Date: May 31, 2018

Type: ☐ New ☒ Amended (if amending, enter MEC ID C00070 & section changed 3)

2. Committee Information

4th Congressional District Democratic Committee

Name of Committee

207 N. MOulton, Leeton, MO 64761

Committee Mailing Address, City, State, & Zip

(660) 221-3018

Telephone Number

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

John J. Shaughnessy

Treasurer's Name (First & Last)

158 Oaktree Court, Niangua, MO 65713

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

(417) 241-0646

Treasurer's Home Telephone Number

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

Patricia L. Lear-Johnson, Vice-Chair

Additional Committee Officer's Name & Title (if any)

P.O. Box 767, Peculiar, MO 64078

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)

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)

☒ 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

Candidate (Candidate Committees Only)