



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

Missouri Ethics Commission
 Office Use: *DO*
 NOV 01 2018

Statement of Committee Organization

1. Statement Information

Date: 10/24/2018
 Type: New Amended (if amending, enter MEC ID C091129 & section changed 3,5,6)

2. Committee Information

Parson for Missouri
 Name of Committee
PO Box 1004 Bolivar, MO 65613
 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

Rachel Lightfoot
 Treasurer's Name (First & Last)
PO Box 1004 Bolivar, MO 65613
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Home Telephone Number: (417) 253-7619
 Treasurer's Work Telephone Number: (417) 327-5218
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Email Address (optional): _____
 Deputy Treasurer's Home Telephone Number: ()
 Deputy 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)

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

Mike Parson PO Box 1004 Bolivar, MO 656
 Name & Mailing Address, City, State & Zip of Candidate
 Election Date: 8/4/2020 Office Sought & Political Subdivision: Governor
 Telephone Number (Candidate Committees Only): () Political Party: Republican
 Support or Oppose: Support

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: Rachel Lightfoot
 Candidate (Candidate Committees Only): Mike Parson