



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

Office Use:

# Statement of Committee Organization

Missouri Ethics Commission  
 MAR 11 2019

**1. Statement Information**

Date: 2/19/19  
 Type:  New  Amended (if amending, enter MEC ID C000644 & section changed 2)

**2. Committee Information**

MO National Education Assoc - PAC  
 Name of Committee

\_\_\_\_\_  
 Telephone Number (573) 644-9617

\_\_\_\_\_  
 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) \_\_\_\_\_ Treasurer's Email Address (optional) \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_ 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**

AMENDMENT  
 Additional Committee Officer's Name & Title (if any) \_\_\_\_\_ 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)**

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)