



Office Use:
 C201119

Statement of Committee Organization

1. Statement Information

Date: 01/28/2020
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

jasonbeanforsenate.com
 Name of Committee

PO Box 112 Holcomb, MO 63852 (573) 225-6768
 Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] Dunklin County Clerk
 Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

Lana Temples [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

11326 Quail Hollow Circle Dexter, MO 63841 (573) 614-5629 (573) 624-0482
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

/ [REDACTED]
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)

/ /
 Deputy Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

4. Additional Committee Information

/ /
 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)

[REDACTED] [REDACTED] [REDACTED]
 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)

Jason Bean 25397 State Highway 153 Holcomb, MO 63852 (573) 225-6768
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

08/04/2020 State Senator/Missouri Republican
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

State Senate
 Office Sought & Political Subdivision

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)

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.

ELECTRONICALLY FILED Jan 28 2020 02:52 PM ELECTRONICALLY FILED Jan 28 2020 02:52 PM
 Committee Treasurer Candidate (Candidate Committees Only)