



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C001143

OFFICE USE ONLY

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STATEMENT DATE 8-3-09		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS):	
3. FULL NAME OF COMMITTEE KAREN M. MILLER - SOUTHERN DISTRICT COMMISSIONER					
4. COMMITTEE MAILING ADDRESS ADDRESS: 300 WEST BROADWAY CITY / STATE / ZIP: COLUMBIA, MISSOURI 65201				5. TELEPHONE NUMBER 573-474-9782	
6. TREASURER'S NAME LINDA GLASCOCK					
7. TREASURER'S MAILING ADDRESS ADDRESS: 3713 SOUTHLAND DRIVE CITY / STATE / ZIP: COLUMBIA, MISSOURI 65201				8. TELEPHONE NUMBER HOME: 573-443-5940 WORK: 573-441-2862	
9. DEPUTY TREASURER'S NAME NONE <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: NONE CITY / STATE / ZIP:				11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
AMENDMENT					
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION REGIONS BANK 3111 S. PROVIDENCE ROAD COLUMBIA, MISSOURI 65203		B. ACCOUNT NAME KAREN MILLER, SOUTHERN DISTRICT COMMISSIONER'S COMMISSION		C. ACCOUNT NO.	
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME		B. ADDRESS		C. TELEPHONE NO. D. POLITICAL PARTY	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME		B. ADDRESS			
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) KAREN M. MILLER		B. ELECTION DATE 2012	C. OFFICE SOUGHT SOUTHERN DISTRICT COMMISSIONER	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE		