



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID# CO91178

OFFICE USE ONLY

BB-17

| | | | | | | |
|--|--|---|--|---|--|---|
| STATEMENT DATE 07/28/2009 | | 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 Committee to Elect Doug Clemens | | | | | | |
| 4. COMMITTEE MAILING ADDRESS ADDRESS: 10531 Wurdack Ave. CITY / STATE / ZIP: Saint Louis, MO 63114 | | | | 5. TELEPHONE NUMBER 314-423-1840 | | |
| 6. TREASURER'S NAME Beatrice Buder Clemens | | | | MISSOURI ETHICS COMMISSION JUL 30 2009 | | |
| 7. TREASURER'S MAILING ADDRESS ADDRESS: 100 Arundel Place CITY / STATE / ZIP: Clayton, MO 63105 | | | | | | 8. TELEPHONE NUMBER HOME: 314-725-9965 WORK: 314-821-0488 |
| 9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER | | | | | | |
| 10. DEPUTY TREASURER'S ADDRESS ADDRESS: 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 | | |
| 14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION Commerce Bank 9850 St. Charles Rock Rd.; St. Ann, MO 63074 | | | | | | |
| | | B. ACCOUNT NAME Committee to Elect Doug Clemens | | 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 Doug Clemens | | B. ADDRESS 10531 Wurdack Ave.; St. Louis, 63114 | | C. TELEPHONE NO. 314-423-1840 | | |
| | | | | D. POLITICAL PARTY Democrat | | |
| 17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS | | | | | | |
| 18. CANDIDATES SUPPORTED OR OPPOSED | | | | | | |
| A. NAME(S) OF CANDIDATE(S) Doug Clemens | | B. ELECTION DATE 08/03/2010 | C. OFFICE SOUGHT State Representative | D. POLITICAL SUBDIVISION District 77 | E. SUPPORT <input checked="" type="checkbox"/> | F. OPPOSE <input type="checkbox"/> |
| 19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED | | | | | | |
| A. NAME(S) OF MEASURE(S) | | B. ELECTION DATE | C. SUBJECT AND POLITICAL SUBDIVISION | | E. SUPPORT <input type="checkbox"/> | F. OPPOSE <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 | | |