



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # CO10131

OFFICE USE ONLY
BB *AD*

STATEMENT DATE July 1, 2009 TYPE OF STATEMENT (CHECK ONE) NEW AMENDED IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 3

3. FULL NAME OF COMMITTEE ICet for Auditor

4. COMMITTEE MAILING ADDRESS ADDRESS: CITY / STATE / ZIP : 5. TELEPHONE NUMBER

6. TREASURER'S NAME

7. TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP : 8. TELEPHONE NUMBER JUL 01 2009 HOME: WORK: HAND DELIVERED

9. DEPUTY TREASURER'S NAME 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? YES NO N/A

14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO.

15. TYPE OF COMMITTEE CANDIDATE POLITICAL PARTY CONTINUING CAMPAIGN EXPLORATORY 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) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE

20. COMMITTEE TREASURER'S SIGNATURE
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.
William C. Linton
TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.
[Signature]
CANDIDATE'S SIGNATURE