



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # CO10127

OFFICE USE ONLY  
60 8

STATEMENT DATE <u>June 11, 2009</u>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <u>4, 5, 6, 7, 14, 20</u>	
3. FULL NAME OF COMMITTEE <u>18th SENATORIAL DISTRICT DEMOCRATIC COMMITTEE</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>31457 State Highway A</u> CITY / STATE / ZIP: <u>Greentop MO 63546</u>				5. TELEPHONE NUMBER <u>660-949-2266</u>	
6. TREASURER'S NAME <u>Charles E. Cooper</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>31457 State Highway A</u> CITY / STATE / ZIP: <u>Greentop MO, 63546</u>				8. TELEPHONE NUMBER HOME: <u>660-949-2266</u> WORK: <u>660-626-4793</u>	
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:	
<b>AMENDMENT</b>					
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 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 <u>American Trust BANK</u> <u>2817 W. Baltimore Street</u> <u>Kirksville, Mo. 63501</u>		B. ACCOUNT NAME <u>18th Senatorial District</u> <u>Democratic Committee</u>		C. ACCOUNT NO.	
15. TYPE OF COMMITTEE <input 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)		B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input 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	CHECK ONE 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. <u>Charles E. Cooper</u> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. _____ CANDIDATE'S SIGNATURE	

MISSOURI ETHICS COMMISSION  
JUN 30 2009  
CO 1 & 2