



**MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C081019

OFFICE USE ONLY



STATEMENT DATE <b>01/06/2009</b>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <b>3</b>
3. FULL NAME OF COMMITTEE <b>CITIZENS FOR LARGENT</b>				
4. COMMITTEE MAILING ADDRESS ADDRESS: <b>213 WEST LEONA</b> CITY / STATE / ZIP: <b>CLINTON, MO 64735</b>			5. TELEPHONE NUMBER <b>660-885-2150</b>	
6. TREASURER'S NAME <b>SUE COCHRAN</b>				
7. TREASURER'S MAILING ADDRESS ADDRESS: <b>213 WEST LEONA</b> CITY / STATE / ZIP: <b>CLINTON, MO 64735</b>			8. TELEPHONE NUMBER HOME: <b>660-885-2150</b> WORK: <b>660-885-3051</b>	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER <b>LESLIE LARGENT</b>				
10. DEPUTY TREASURER'S ADDRESS ADDRESS: <b>1904 RUSTIC WAY</b> CITY / STATE / ZIP: <b>CLINTON, MO 64735</b>			11. TELEPHONE NUMBER HOME: <b>660-885-5569</b> WORK: <b>660-885-5569</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 <b>FIRST COMMUNITY BANK 615 E OHIO CLINTON, MO 64735</b>				
B. ACCOUNT NAME <b>LARGENT 08</b>				
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>SCOTT LARGENT</b>		B. ADDRESS <b>1904 RUSTIC WAY, CLINTON, MO</b>		C. TELEPHONE NO. <b>660-885-5569</b> D. POLITICAL PARTY <b>REP</b>
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 <b>8-3-10</b>		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
E. SUPPORT <input type="checkbox"/>			F. OPPOSE <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, ACCURATE.  TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY ) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  CANDIDATE'S SIGNATURE	

**AMENDMENT**

MISSOURI ETHICS COMMISSION

JAN 23 2009