



**MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C031137

OFFICE USE ONLY

*[Handwritten initials]*

STATEMENT DATE Jan. 1 2009		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 6,7,8	
3. FULL NAME OF COMMITTEE 0027th Republican Senatorial Committee					
4. COMMITTEE MAILING ADDRESS ADDRESS: CITY / STATE / ZIP:				5. TELEPHONE NUMBER	
6. TREASURER'S NAME Scott R. Clark					
7. TREASURER'S MAILING ADDRESS ADDRESS: 1306 W. Cape Rock Dr. Apt. 54 CITY / STATE / ZIP: Cape Girardeau, MO 63701				8. TELEPHONE NUMBER HOME: Cell 1-573-714-5145 WORK:	
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 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. ACCOUNT NAME					
<b>AMENDMENT</b>					
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    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.  <i>[Signature]</i> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  _____ CANDIDATE'S SIGNATURE	