



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # CO91218

OFFICE USE ONLY
BB 4

STATEMENT DATE		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 <u>Friends For Paul Fitzwater</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>12007 S. State Hwy 21</u> CITY/STATE/ZIP: <u>Potosi, Mo. 63664</u>				5. TELEPHONE NUMBER <u>573-438-6356</u>	
6. TREASURER'S NAME <u>Jim Erpenbach</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>10148 Hwy 21</u> CITY/STATE/ZIP: <u>Troyton, Mo. 63650</u>				8. TELEPHONE NUMBER HOME: <u>573-546-2599</u> WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER <u>Sandy Fitzwater</u>					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: <u>12007 S. State Hwy 21</u> CITY/STATE/ZIP: <u>Potosi, Mo. 63664</u>				11. TELEPHONE NUMBER HOME: <u>573-438-6356</u> WORK: <u>573-210-4088</u>	
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>First State Bank</u> <u>100 State Hwy. P</u> <u>Potosi, Mo. 63664</u>		B. ACCOUNT NAME <u>Friends For</u> <u>Paul Fitzwater</u>		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 <u>PAUL Fitzwater</u>		B. ADDRESS <u>12007 S State Hwy 21</u> <u>Potosi, Mo. 63664</u>		C. TELEPHONE NO. <u>573-760-4716</u>	POLITICAL PARTY <u>Republican</u>
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 <u>8/3/2010</u>	C. OFFICE SOUGHT <u>state rep</u>	D. POLITICAL SUBDIVISION <u>152nd</u>	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>Jim Erpenbach</u> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Paul Fitzwater</u> CANDIDATE'S SIGNATURE		

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SEP 10 2009