



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # CO91294

OFFICE USE ONLY
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| STATEMENT DATE <u>11-13-2009</u> | | 1. TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED | | IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 2. | |
| 3. FULL NAME OF COMMITTEE <u>BARTON COUNTY DEMOCRATIC CENTRAL COMMITTEE</u> | | | | | |
| 4. COMMITTEE MAILING ADDRESS ADDRESS: <u>773 SOUTH M HWY</u> CITY/STATE/ZIP: <u>ASBURY MO 64832</u> | | | | 5. TELEPHONE NUMBER <u>417-842-3486</u> | |
| 6. TREASURER'S NAME <u>FRANZ H PENNER</u> | | | | | |
| 7. TREASURER'S MAILING ADDRESS ADDRESS: <u>452 NW 20th RD LANE</u> CITY/STATE/ZIP: <u>LAMAR MO 64759</u> | | | | 8. TELEPHONE NUMBER HOME: <u>417-682-2819</u> 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 <u>EARL SEELEY</u> <u>773 S M HWY</u> <u>CHAIR</u> <u>ASBURY MO 64832</u> | | | | 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"/> NA | |
| 14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) * A. NAME & ADDRESS OF BANK, SAVINGS & LOAN, OR CREDIT UNION B. ACCOUNT NAME *C. ACCOUNT NO. <u>LAMAR BANK & TRUST</u> <u>BARTON COUNTY</u> <u>1000 BROADWAY</u> <u>DEMOCRATIC CENTRAL</u> <u>LAMAR, MO 64759</u> <u>COMMITTEE</u> | | | | | |
| 15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input checked="" 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 D. SUPPORT E. OPPOSE <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 20. TREASURER'S STATEMENT (ALL COMMITTEES) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Franz H Penner</u> TREASURER'S SIGNATURE | | | | 21. CANDIDATE'S STATEMENT (CANDIDATE & EXPLORATORY COMMITTEES) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. MISSOURI ETHICS COMMISSION NOV 30 2009 CANDIDATE'S SIGNATURE | |