



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # 401029

OFFICE USE ONLY

BB *U*

STATEMENT DATE 1-21-2010	TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
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3. FULL NAME OF COMMITTEE Stratman for Senate

4. COMMITTEE MAILING ADDRESS ADDRESS: <u>PO Box 2015</u> CITY / STATE / ZIP: <u>Washington, MO 63090</u>	5. TELEPHONE NUMBER <u>636-239-5113</u>
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6. TREASURER'S NAME David Bailey

7. TREASURER'S MAILING ADDRESS ADDRESS: <u>904 Clearview Drive</u> CITY / STATE / ZIP: <u>Union, MO 63084</u>	8. TELEPHONE NUMBER HOME: <u>636-583-2405</u> WORK:
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9. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:	11. TELEPHONE NUMBER HOME: WORK:
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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
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14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <u>Bank of Washington</u> <u>200 W. Main Street</u> <u>Washington, MO 63090</u>		B. ACCOUNT NO. <u>MISSOURI ETHICS COMMISSION</u> <u>Stratman for Senate</u> <u>JAN 23 2010</u>
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15. TYPE OF COMMITTEE **HAND DELIVERED**
 CANDIDATE POLITICAL PARTY CONTINUING CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)			
A. NAME <u>Dick Stratman</u>	B. ADDRESS <u>439 Grand Avenue, Washington, MO</u>	C. TELEPHONE NO. <u>636-239-5113</u>	D. POLITICAL PARTY <u>Republican</u>

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)	
A. NAME	B. ADDRESS

18. CANDIDATES SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF CANDIDATE(S) <u>Dick Stratman</u>	B. ELECTION DATE <u>8/3/10</u>	C. OFFICE SOUGHT <u>Senate</u>	D. POLITICAL SUBDIVISION <u>26th</u>	E. SUPPORT <input type="checkbox"/>	F. OPPOSE <input type="checkbox"/>

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED				CHECK ONE	
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, TRUE AND ACCURATE.
David S. Bailey 1/21/10
TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.
Dick Stratman
CANDIDATE'S SIGNATURE