



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # 001050

OFFICE USE ONLY

JA 2/10

| | | |
|----------------------------------|---|---|
| STATEMENT DATE <u>2/11/10</u> | 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
Friends of Michael Bernskoetter

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| 4. COMMITTEE MAILING ADDRESS ADDRESS: <u>429 West Miller</u> CITY / STATE / ZIP: <u>Jefferson City</u> | 5. TELEPHONE NUMBER <u>635-8446</u> |
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6. TREASURER'S NAME
Gregg Bexten

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|---|---|
| 7. TREASURER'S MAILING ADDRESS ADDRESS: <u>4971 Grovers Ford Rd</u> CITY / STATE / ZIP: <u>Jefferson City, Mo 65701</u> | 8. TELEPHONE NUMBER HOME: <u>636 7188</u> WORK: <u>761 0162</u> |
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9. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER

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|---|------------------------------------|
| 10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP: <u>MISSOURI ETHICS COMMISSION</u> <u>JEFF 11 2010</u> | TELEPHONE NUMBER HOME: WORK: |
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| 12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS <u>HAND DELIVERED</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"/> N/A |
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14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)

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| A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <u>Hawthorn Bank</u> <u>132 East High St P.O. Box 688</u> <u>Jefferson City, Mo 65702</u> | B. ACCOUNT NAME <u>Friends of Michael Bernskoetter</u> | C. ACCOUNT NO. |
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15. TYPE OF COMMITTEE
 CANDIDATE POLITICAL PARTY CONTINUING CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)

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|--|--------------------------------------|-------------------------------------|---|
| A. NAME <u>Michael Bernskoetter</u> | B. ADDRESS <u>429 West Miller</u> | C. TELEPHONE NO. <u>635-8446</u> | D. POLITICAL PARTY <u>Republican</u> |
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17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)

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| A. NAME | B. ADDRESS |
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18. CANDIDATES SUPPORTED OR OPPOSED

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|---|-------------------------------------|--------------------------------------|--|---|
| A. NAME(S) OF CANDIDATE(S) <u>Michael Bernskoetter</u> | B. ELECTION DATE <u>8/3/2010</u> | C. OFFICE SOUGHT <u>State Rep</u> | D. POLITICAL SUBDIVISION <u>113</u> | E. CHECK ONE <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
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19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED

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| A. NAME(S) OF MEASURE(S) | B. ELECTION DATE | C. SUBJECT AND POLITICAL SUBDIVISION | E. CHECK ONE <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
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20. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Gregg Bexten
TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Michael Bernskoetter
CANDIDATE'S SIGNATURE