



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # CD81432

OFFICE USE ONLY

A

STATEMENT DATE <u>3-2-10</u>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <u>change treasurer name</u> Line 6	
3. FULL NAME OF COMMITTEE <u>CP of Missouri</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>3775 Cindy Court</u> CITY / STATE / ZIP: <u>Arnold, MO 63010</u>				5. TELEPHONE NUMBER <u>314-956-6181</u>	
6. TREASURER'S NAME <u>David Linger</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>42 Roundtree Rd, PO Box 312</u> CITY / STATE / ZIP: <u>Urbana, MO 65767</u>				8. TELEPHONE NUMBER HOME: <u>417-993-0173</u> WORK:	
9. DEPUTY TREASURER'S NAME <input 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 <u>US Bank</u>		B. ACCOUNT NAME <u>Constitutional party of Missouri</u>		C. ACCOUNT NO.	
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 <u>DNA</u>		B. ADDRESS		C. TELEPHONE NO.	D. POLITICAL PARTY
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME <u>DNA</u>		B. ADDRESS			
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) <u>DNA</u>		B. ELECTION DATE		C. OFFICE SOUGHT	
		AMENDMENT		D. POLITICAL SUBDIVISION	
				E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S) <u>DNA</u>		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. <u>[Signature]</u> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. Missouri Ethics Commission MAR 16 2010 CANDIDATE'S SIGNATURE	