



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

FILED

APR 10 2010

MEC ID #

OFFICE USE ONLY

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STATEMENT DATE 04-21-2010		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <i>None</i>	
3. FULL NAME OF COMMITTEE Committee to Elect Jim Stone					
4. COMMITTEE MAILING ADDRESS ADDRESS: 448 SE 500 Rd CITY / STATE / ZIP: Clinton, MO 64735			5. TELEPHONE NUMBER 660-885-8437		
6. TREASURER'S NAME Linda Stone					
7. TREASURER'S MAILING ADDRESS ADDRESS: 448 SE 500 Rd CITY / STATE / ZIP: Clinton, MO 64735			8. TELEPHONE NUMBER HOME: 660-885-8437 WORK: 660-351-1321		
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 checked="" 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 Hawthorn Bank PO Box 646 Clinton, MO 64735					
B. ACCOUNT NAME Committee to Elect Jim Stone		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 Jim Stone	B. ADDRESS 448 SE 500 Rd Clinton, MO 64735	C. TELEPHONE NO. 660-885-8437	D. POLITICAL PARTY Democrat		
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) Jim Stone	B. ELECTION DATE 11-02-2010	C. OFFICE SOUGHT Presiding Commissioner	D. POLITICAL SUBDIVISION Henry County	E. SUPPORT <input checked="" 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	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. <i>Linda Stone</i> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>Jim Stone</i> CANDIDATE'S SIGNATURE		

Missouri Ethics Commission

APR 27 2010