



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # CO9217

OFFICE USE ONLY
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STATEMENT DATE	TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 9,10,11
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3. FULL NAME OF COMMITTEE
McCormick for Missouri

4. COMMITTEE MAILING ADDRESS ADDRESS: <u>141 Crawley Ridge Rd</u> CITY/STATE/ZIP: <u>Scott City MO 63780</u>	5. TELEPHONE NUMBER <u>573-703-6001</u>
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6. TREASURER'S NAME
Dennis Breland

7. TREASURER'S MAILING ADDRESS ADDRESS: <u>PO Box 207</u> CITY/STATE/ZIP: <u>Charleston MO 63834</u>	8. TELEPHONE NUMBER HOME: <u>573-429-3978</u> WORK: <u>573-429-3978</u>
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9. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER
Jill Amelung

10. DEPUTY TREASURER'S ADDRESS ADDRESS: <u>PO Box 191</u> CITY/STATE/ZIP: <u>Markey MO</u>	11. TELEPHONE NUMBER HOME: <u>573-262-3686</u> WORK:
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12. OTHER COMMITTEE OFFICERS (IF ANY)	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
A. NAME B. ADDRESS C. TITLE	

14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)		
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION	B. ACCOUNT NAME	C. ACCOUNT NO.

15. TYPE OF COMMITTEE
 CANDIDATE POLITICAL PARTY CONTINUING CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)			
A. NAME <u>Ron McCormick</u>	B. ADDRESS <u>941 Crawley Ridge Rd Scott City MO 63780</u>	C. TELEPHONE NO. <u>573-703-6001</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)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	E. SUPPORT <input type="checkbox"/>	F. OPPOSE <input type="checkbox"/>

AMENDMENT

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.

[Signature]

TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

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

[Signature]

CANDIDATE'S SIGNATURE