



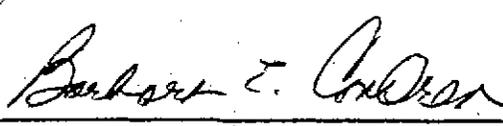
MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

Co71099

MEC ID # _____

OFFICE USE ONLY

lf ge

STATEMENT DATE		1. TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 2. 6,7,8,10,11	
3. FULL NAME OF COMMITTEE Re-Elect Judge Bernstein Committee					
4. COMMITTEE MAILING ADDRESS ADDRESS: P.O. Box J; Steelville, MO 65565 CITY / STATE / ZIP :				5. TELEPHONE NUMBER 573 205 - 3009	
6. TREASURER'S NAME Barbara Condren					
7. TREASURER'S MAILING ADDRESS ADDRESS: 5767 Highway N., Bourbon, MO 65441 CITY / STATE / ZIP :				8. TELEPHONE NUMBER HOME: 573 732-4773 WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Linda Trolinger					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 24 Highland Dr., Cuba, MO 65453 CITY / STATE / ZIP :				11. TELEPHONE NUMBER HOME: 573 885 3477 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	
AMENDMENT					
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVINGS & LOAN, OR CREDIT UNION B. ACCOUNT NAME 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 Scott Bernstein B. ADDRESS P.O. Box J; Steelville, 65565 C. TELEPHONE NO. 573 205-3009 D. 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) Scott Bernstein		B. ELECTION DATE 11/2/2010		C. OFFICE SOUGHT Associate Judge	
				D. POLITICAL SUBDIVISION Crawford County Missouri	
				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				CHECK ONE D. SUPPORT <input type="checkbox"/> E. OPPOSE <input type="checkbox"/>	
20. TREASURER'S STATEMENT (ALL COMMITTEES) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.				21. CANDIDATE'S STATEMENT (CANDIDATE & EXPLORATORY COMMITTEES) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.	
 TREASURER'S SIGNATURE				 CANDIDATE'S SIGNATURE	

Missouri Ethics Commission
JUL 8 9 2010