



**MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # CO91075

OFFICE USE ONLY  
*LA DL*

STATEMENT DATE <u>08/10/2010</u>	TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <u>5</u>
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3. FULL NAME OF COMMITTEE Engler for Missouri

4. COMMITTEE MAILING ADDRESS ADDRESS: CITY / STATE / ZIP:	5. TELEPHONE NUMBER <u>6161</u> <u>573-747-8181</u>
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6. TREASURER'S NAME

7. TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP:	8. TELEPHONE NUMBER HOME: WORK:
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9. DEPUTY TREASURER'S NAME  CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:	11. TELEPHONE NUMBER HOME: WORK:
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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
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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.

**AMENDMENT**

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

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)			
A. NAME	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY

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	F. OPPOSE
				<input type="checkbox"/>	<input type="checkbox"/>

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	F. OPPOSE
			<input type="checkbox"/>	<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

Missouri Ethics Commission  
AUG 20 2010