MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C000953

OFFICE USE ONLY: BJ

STATEMENT DATE	TYPE OF STATEMENT (CHECK ONE)	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
November 30, 2010	☐ NEW ☑ AMENDED	

3. FULL NAME OF COMMITTEE

4. COMMITTEE MAILING ADDRESS
ADDRESS: 105 East High Street
CITY / STATE / ZIP: Jefferson City, MO 65101

5. TELEPHONE NUMBER

6. TREASURER'S NAME

7. TREASURER'S MAILING ADDRESS
ADDRESS:
CITY / STATE / ZIP:

8. TELEPHONE NUMBER
HOME:
WORK:

9. DEPUTY TREASURER'S NAME Carol Ellinger ☐ CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS
ADDRESS: 5003 Henwick Lane
CITY / STATE / ZIP: Jefferson City, MO 65109

11. TELEPHONE NUMBER
HOME: 573-893-2331
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?
☐ YES ☐ NO ☐ N/A

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 ☐ POLITICAL ACTION (PAC) ☐ 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

A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT	F. OPPOSE
				☐	☐

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED

A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT	F. OPPOSE
			☐	☐

20. COMMITTEE TREASURER'S SIGNATURE

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

TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

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

Missouri Ethics Commission
DEC 08 2010

CANDIDATE'S SIGNATURE