



Missouri Ethics Commission (MEC)  
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

MISSOURI ETHICS COMMISSION  
 Office Use: *Ne*  
 NOV 21 2012

# Statement of Committee Organization

HAND DELIVERED

**1. Statement Information**

Date: 11/21/2012  
 Type:  New  Amended (if amending, enter MEC ID C001135 & section changed 2 & 6)

**2. Committee Information**

**A Better Missouri with Governor Jay Nixon**  
 Name of Committee  
P.O. Box 143, Jefferson City, MO 65102  
 Committee Mailing Address, City, State, & Zip Telephone Number

Official Committee Email Address County Clerk or Board of Election Commissioners  
 Committee Type:  Campaign  Candidate  Debt Service  Exploratory  Political Action (PAC)  Political Party

**3. Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last) Treasurer's Email Address (optional)  
AMENDMENT Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
 Treasurer's Mailing Address, City, State, & Zip  
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)  
 Deputy Treasurer's Mailing Address, City, State, & Zip Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

Additional Committee Officer's Name & Title (if any) Additional Committee Officer's Mailing Address, City, State, & Zip  
 Connected Organization's Name (if any) Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee?  Yes (refer to instructions on back)  No

**5. Official Bank Account Information (required by all committees)**

Name & Mailing Address, City, State, & Zip of Financial Institution Account Name Account Number

**6. Candidate Supported or Opposed (candidate committees must include self, if candidate)**

**Jeremiah W. (Jay) Nixon**  
 Name & Mailing Address, City, State, & Zip of Candidate Telephone Number (Candidate Committees Only)  
August 2016 Statewide Democrat Support  
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

**7. Ballot Measure Supported or Opposed (campaign committees must complete this section)**

Name of Ballot Measure Election Date & Political Subdivision Support or Oppose

**8. Signature(s) Check certification(s) & sign (required by all committees)**

I/We certify that this statement is complete, true and accurate.  
 e-File: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.

[Signature] Committee Treasurer [Signature] Candidate (Candidate Committees Only)