

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

Office Use:	BB	
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## **Statement of Committee Organization**

1.	Statement Information		
	Date: 1/7/13	71007	
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2.	Committee Information Missouri Growth PAC	en in length of the many of the many of the second of the	in engang persebagai mengang pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan p
	P.O. Box 555, Perryville, MO 63775		,573,768-1508
	Committee Mailing Address, City, State, & Zip	Donata Tardan	Telephone Number
	Official Committee Email Address	Randy Taylor ( )	elley Co
	Committee Type: Campaign Candidate Continuing (P		oratory Political Party
3.	Treasurer/Deputy Treasurer Information	ting to be a stay of the second to be a substitution of the second of th	and the second section of the section of the second section of the secti
	Amy Huber		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	F70, 700, 0400
	1705 PCR 206, Perryville, MO 63775  Treasurer's Mailing Address, City, State, & Zip	(573) 547-9326	(573) 768-0400 Treasurer's Work Telephone Number
	Treasurer's Walling Address, City, State, & Zip	Treasurer's Home Telephone Number	rreasurers work rerephone number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	<del></del>
	Now the state of t	()	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information	Company Compan	W
	Everett A. Tilley, President	2047 Compass Circle,	Perryville, MO 63775
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Connected Organization	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on b	pack) No
5.	Official Bank Account Information (required by all committees)		
		No.	
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must i	nclude self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	() Telephone Number (Candidate Committees O	()
	wanie & Maning Address, City, state & zip of Candidate	relephone Number (Canadate Committees O	1149)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	ittees)	
	I affirm and attest under penalty of perjury that information and		te, true, and accurate. I
	further acknowledge that I am aware that any false statement or d		
(	( Xthuberz)		
	Committee Treasurer	Candidate (Candidate Committees Only)	

Form must be completed in full & contain original signature(s), fax filings are not accepted mmission 1 of 3 Missouri Einics MO 300-1308 Packet (Rev. 11/2012)