



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

Office Use: BIO DE

Statement of Committee Organization

1. Statement Information

Date: 1/26/2013

Type: New Amended (if amending, enter MEC ID C031159 & section changed Section 3 & 5)

2. Committee Information

Name of Committee _____

Committee Mailing Address, City, State, & Zip _____

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Telephone Number

Official Committee Email Address _____

County Clerk or Board of Election Commissioners _____

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last) _____

Treasurer's Email Address (optional) _____

Treasurer's Mailing Address, City, State, & Zip _____

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Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Ben Jersak

Deputy Treasurer's Name (if one appointed) _____

Deputy Treasurer's Email Address (optional) _____

PO Box 1551, Jefferson City, MO 65101

(417) 844-8271

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Dep. Treasurer's Work Telephone Number

Deputy Treasurer's Mailing Address, City, State, & Zip _____

Dep. Treasurer's Home Telephone Number _____

4. Additional Committee Information

Additional Committee Officer's Name & Title (if _____)

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)

Mailing Address, City, State, & Zip of Financial Institution _____

Account Name _____

Account Number _____

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

Name & Mailing Address, City, State & Zip of Candidate _____

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Telephone Number (Candidate Committees Only)

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 affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that a false statement made herein is punishable under Ch. 575 RSMo.

Ray Malloy
Committee Treasurer

MISSOURI ETHICS COMMISSION
[Signature]
Candidate (Candidate Committees Only)

FEB 07 2013