



Office Use: *fb* *TD*

Statement of Committee Organization

1. Statement Information

Date: 12/05/2013

Type: New Amended (if amending, enter MEC ID C131179 & section changed _____)

2. Committee Information

Missouri Transportation PAC

Name of Committee

3220 West Edgewood Ste E

Committee Mailing Address, City, State, & Zip

(573) 635-6196

Telephone Number

Cole

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Charlie Kruse

Treasurer's Name (First & Last)

1007 Woodland Dexter, MO 63841

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

Treasurer's Email Address (optional)

(573) 624-5297

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

John Sheehan

Deputy Treasurer's Name (if one appointed)

3220 West Edgewood Ste E Jefferson City, MO 65109

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

Deputy Treasurer's Email Address (optional)

(573) 893-8037

Dep. Treasurer's Home Telephone Number

(573) 632-0911

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)

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

() 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)

Transportation Funding Initiative

Name of Ballot Measure

11/4/2014

Election Date & Political Subdivision

Support

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 any false statement or declaration made herein is punishable under Ch. 575 RSMo.

[Signature]
 Committee Treasurer

Candidate (Candidate Committees Only)