

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

Office Use:

Statement of Committee Organization

1.	Statement Information		
	Date: July 1, 2014 Type: A New Amended (if amending onter MEC ID TBI	141433	
	Type: New Amended (if afficienting, effet MEC ID	& section ch	nanged)
2.	Committee Information		
	No on Amendment 5		
	PO Box 190201 Starts Mo	63119	,314,259 -123 4
	Committee Mailing Address, City, State, & Zip	67111	Telephone Number
	St. Louis, MO 63119	Cole Coustu	Clerk
	Official Committee Email Address	County Clerk or Board of Election Commiss	oners
	Committee Type: Campaign Candidate Continuing ((PAC) Debt Service Exp	loratory Political Party
3.	Treasurer/Deputy Treasurer Information	A CONTRACTOR OF THE PARTY OF TH	
	Mark Reading	•	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	PO Box 190201 Treasurer's Mailing Address, City, State, & Zip	(573) 635-2924	(573)694-6828
	St. Louis, MO 63119	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed) PO BOX 190201	Deputy Treasurer's Email Address (optional)
	Bradley J. Ketcher St. Louis NO 63119	()	(314)259-1234
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dap. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Add	ress, 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 committ		
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	North Consideration	<u> </u>	<u> </u>
6.	Candidate Supported or Opposed (candidate committees must	include self, if qandidate)	化流流 医水平 医皮肤
		()	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	Only;
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
-	Dallanda and Communication of the Communication of	·	
7.	Ballot Measure Supported or Opposed (campaign committees n Amendment 5		Oppose
	Name of Ballot Measure	8/5/14 & Statewide Election Date & Political Subdivision	Oppose Support or Oppose
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	Signature(s) Check certification(s) & sign (required by all comm		
	I affirm and attest under penalty) of perjury that information and in the racknowledge that I am aware that any false statement or	nd facts in this report are completed	ete, true, and accurate. I
ć	unther acknowledge/that I am aware that any false statement or		ISSOURI ETHICS COMMISSION
;	months leasurer Padow		
40.	Ammiltee reasurer	Candidate (Candidate Committees Only)	JUL 0 3 2014
	Form must be completed in full-8 contain original (Rev. 07/2013)	ginai signature(s), tax tilings are	e not accepted. Page 1 of 3