

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: 11/24/14	ulicia	
	Type: New Amended (if amending, enter MEC ID	41567 & section ch	anged)
2.	Committee Information		
	Bradshaw Exploratory Committee		
	P.O. Box 190201, St. Louis MI	0 63119	(314) 259-1234
	COMMITTED MARINE BOOKER I IN STATE & VID	Stimus	releptione Number
	Official Committee Email Address	Gounty Clerk or Board of Election Commission	oners Domiciled
כ	Committee Type: Campaign Candidate Continuing (P	PAC) Debt Service 🔀 Expl	oratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Bradley Ketcher	Treasurer's Email Address (optional)	
	P.O. Box 190201, St. Louis mo	12 1/1 759 -12 3U	13141 259-1234
	Treasurer's Mailing Address, City, State, & Zip 63119	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	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 Addr	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	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)		A Section of the sect
	_		
_	#1 levels \ / ·	Account Name	Plocod
6.		nclude self, if candidate)	
	Brad Bradshaw, 1736 E. Sunshine, Name & Mailing Address, City, State & Zip of Cardidate 600, Springfield, Mo.	(314) 259 – 1234 Telephone Number (Candidate Committees C	(417) 890-8888
	8/2/16 Lientenant-Governor; Office Sought & Political Subdivision Mission.	Democratic	Support/explorator
	Election Date Office Sought & Political Subdivision Missouri	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mu	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) Check certification(s) & sign (required by all commi	ittees	
	I affirm and attest under penalty of perjury that information and		ete true and accurate 1
	further acknowledge that I am aware that any false statement or de		
	(/)////////////////////////////////////	/Sull 1 ma	
	Committee Treasurer	Candidate (Candidate Committees Only)	V-V
	300-1308 Form must be completed in full & contain origi (et (Rev. 11/2014)	nal signature(s), fax filings are	not accepted commission of 3
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