



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

Office Use: BB JB

# Statement of Committee Organization

**1. Statement Information**

Date: 01/21/2015  
 Type:  New  Amended (if amending, enter MEC ID C151027 & section changed \_\_\_\_\_)

**2. Committee Information**

**CoMo Council Watch**  
 Name of Committee  
P. O. Box 1996 Columbia MO 65205 (573) 819-8958  
Committee Mailing Address, City, State, & Zip Telephone Number  
Wendy Noren, Boone County Clerk  
County Clerk or Board of Election Commissioners  
 Official Committee Email Address  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

**Pamela Cooper**  
 Treasurer's Name (First & Last) 403 West Blvd. South Columbia MO 65203  
Treasurer's Mailing Address, City, State, & Zip (573) 819-8958 ( ) N/A  
Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
DeAnna Roemer Walkenbach  
Deputy Treasurer's Name (if one appointed) ( ) N/A  
Deputy Treasurer's Mailing Address, City, State, & Zip (573) 268-7186 ( ) N/A  
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 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 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)**

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 any false statement or declaration made herein is punishable under Ch. 575 RSMo.  
Pamela A. Cooper  
Committee Treasurer \_\_\_\_\_ Candidate (Candidate Committees Only)

