



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

Office Use: BB Q

Statement of Committee Organization

1. Statement Information

Date: May 8, 2015
 Type: New Amended (if amending, enter MEC ID C151091 & section changed _____)

2. Committee Information

Care and Dignity at Home
 Name of Committee
2419B Hyde Park, Jefferson City, MO 65109 (573) 635-9145
 Committee Mailing Address, City, State, & Zip Telephone Number
Cole County, Steve Korsmeyer
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Jeffrey A. Mazur
 Treasurer's Name (First & Last)
2419B Hyde Park, Jefferson City, MO (573) 657-1557 (573) 635-9145
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Kayla Scrivner
 Deputy Treasurer's Name (if one appointed)
2419B Hyde Park () (573) 635-9145
 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 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)

b. 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)

Minimum wages & benefits to in-home service employees and personal care attendants 11/8/16, Missouri support
 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.
 MISSOURI ETHICS COMMISSION
 Committee Treasurer Candidate (Candidate Committees Only)