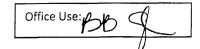


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		*
	Date: 5/6/15		
	Type: New Amended (if amending, enter MEC ID C	141569 & section	changed 2 & 6
2.	Committee Information		
	Bradshaw for Missouri		
	PO Box 190201, St. Louis, MO 63119	•	(314)259-1234
	Committee Mailing Address. City. State 2. 71-		Telephone Number
	Constitute Transfer Constitution (Constitution Constitution Cons	County Clerk or Board of Election Commi	· .
	Committee Type: Campaign Candidate Continuin	g (PAC) Debt Service Ex	ploratory Political Party
3.	Treasurer/Deputy Treasurer Information	<u> </u>	and the second of the second
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
		()	()
	Treasurer's Malling Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	nal)
		()	. ()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	er Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Confinitte (Office 's Names, Tipe or any)	Additional Committee Officer's Mailing Ad	ddress, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Addres	s, City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee	ee? Yes (refer to instructions o	n hack) No
5.	Official Bank Account Information (required by all committee		
	Name & Mailing Address, City, State, & Zip of Financial Institution		`count Number
6.	Candidate Supported or Opposed (candidate committees mu	<u>'</u>	
	Brad Bradshaw, 1736 E. Sunshine, Ste 600 Springfield, MO 65804 Name & Malling Address, City, State & Zip of Candidate	(314)259-1234 Telephone Number (Candidate Committee	(417)890-8888
	8/2/16 Lt. Governor	Democratic	Suppport
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees	s 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			plete, true, and accurate. I
further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 I			nishable under Ch. 575 RSMo.
	Committee Weasurer	1500	
MO	Committee Reasurer 300-1308 Form must be completed in full & contain of	Candidate (Candidate Committees Only)	
MO 300-1308 Form must be completed in full & contain original signature(s), fax filings are not accepted. Page 1 of 3 Packet (Rev. 11/2014)			