



Office Use: BB

# Statement of Committee Organization

**1. Statement Information**

Date: 5/18/2015  
 Type:  New  Amended (if amending, enter MEC ID C091129 & section changed 2.5.16)

**2. Committee Information**

Name of Committee: Parson For Governor  
 Committee Mailing Address, City, State, & Zip: PO Box 1004 Bolivar, MO 65613 Telephone Number: ( )  
 Official Committee Email Address: \_\_\_\_\_ County Clerk or Board of Election Commissioners: \_\_\_\_\_  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last): \_\_\_\_\_ Treasurer's Email Address (optional): \_\_\_\_\_  
 Treasurer's Mailing 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 (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): AMENDMENT 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)**

Name & Mailing Address, City, State, & Zip of Financial Institution: \_\_\_\_\_ Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

**6. Candidate Supported or Opposed (candidate committees must include self, if candidate)**

Name & Mailing Address, City, State & Zip of Candidate: Mike Parson, PO Box 1004, Bolivar, MO 65613 Telephone Number (Candidate Committees Only): (417) 326-5590  
 Election Date: Aug 2, 2016 Office Sought & Political Subdivision: Gubernatorial Post Political Party: Republican Support or Oppose: Support

**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.  
 Committee Treasurer: Dawn G. McClain Candidate (Candidate Committees Only): Mike Parson