

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

Office	Use:	731

Statement of Committee Organization

1.	Statement Information				
	Date: 6-2-15				
	Type: New $ ightharpoonup$ Amended (if amending, enter MEC ID $C15$	1014 & section ch	anged 5		
2.	Committee Information				
	Smaller Government				
	Name of Committee		(314)259-1234		
	PO Box 190201, St. Louis, MO 63119 Committee Mailing Address, City, State, & Zip		(314)239-1234 Telephone Number		
	Official Committee Email Address	County Clerk or Board of Election Commission	ners		
	Committee Type: V Campaign Candidate Continuing (F	PAC) Debt Service Expl	oratory Political Party		
3.	Treasurer/Deputy Treasurer Information				
	Bradley J. Ketcher				
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	014 050 1004		
	PO Box 190201, St. Louis, MO 63119 Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	(314) 259-1234 Treasurer's Work Telephone Number		
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	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 Addre	ess, City, State, & Zip		
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity, State, & Zip		
	CANDIDATES: Do you have more than one candidate committee?	Ves (refer to instructions on h	pack) No		
5.	Official Bank Account Information (required by all committees)	res (refer to instructions on t	· ·		
		Account Name	Account Number		
j.	Candidate Supported or Opposed (candidate committees must i	include self. if candidate)			
		()	()		
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	nly)		
	Election Date Office Sought & Political Subdivision				
		Political Party	Support or Oppose		
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)			
	Name of Ballot Measure	Charles Day 0 Dallated Cale Paris			
		Election Date & Political Subdivision	Support or Oppose		
	Signature(s) Check certification(s) & sign (required by all committees)				
	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.				
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	Committee Treasurer	Candidate (Candidate Committees Only)			

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.

Wissouri Ethics Commission