



Office Use:

# Statement of Committee Organization

## 1. Statement Information

Date: 9.10.2015  
 Type:  New  Amended (if amending, enter MEC ID C151170 & section changed \_\_\_\_\_)

## 2. Committee Information

**Baker for Missouri**  
 Name of Committee  
P.O.Box 329, Columbia, MO 65205 (573) 256-1207  
 Committee Mailing Address, City, State, & Zip Telephone Number  
 Official Committee Email Address  
**Wendy Noren, County Clerk**  
 County Clerk or Board of Election Commissioners  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

**Joe Moseley**  
 Treasurer's Name (First & Last)  
3209 Wooddale Lane, Columbia, MO 65203  
 Treasurer's Mailing Address, City, State, & Zip  
(573) 449-5061 ( )  
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
 Deputy Treasurer's Name (if one appointed) \_\_\_\_\_  
 Deputy Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_  
 Deputy Treasurer's Email Address (optional) \_\_\_\_\_  
 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)

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

**Judy Baker, 3075 S. Rangeline Rd, Columbia, MO 65201** (573) 256-1207 ( )  
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
**Nov 2016** **Treasurer** **Democratic** **Support**  
 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.

Committee Treasurer

\_\_\_\_\_  
 Candidate (Candidate Committees Only)