



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

Office Use: Bob Gerding

Statement of Committee Organization

1. Statement Information

Date: 10-28-2015
 Type: New Amended (if amending, enter MEC ID C151208 & section changed _____)

2. Committee Information

BOONE COUNTIANS FOR FRED PARRY
 Name of Committee
 711 WEST BROADWAY, COLUMBIA, MO 65203 (573) 489-1831
 Committee Mailing Address, City, State, & Zip Telephone Number
 BOONE COUNTY
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

BOB GERDING
 Treasurer's Name (First & Last)
 101 S FIFTH ST, APT 1, COLUMBIA, MO 65201 (573) 442-0771 (573) 449-1599
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 NONE
 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) 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)

FRED PARRY, 709 W BROADWAY, COLUMBIA, MO 65203 (573) 489-1831 ()
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
 Election Date: 11-8-2016 SOUTHERN DISTRICT COMMISSIONER, BOONE COUNTY
 Office Sought & Political Subdivision: 8-2-16 REPUBLICAN SUPPORT
 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.

Bob A. Gerding Committee Treasurer [Signature] Candidate (Candidate Committees Only)