



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

Office Use *hb* *su*

# Statement of Committee Organization

## 1. Statement Information

Date: 1-28-2016  
 Type:  New  Amended (if amending, enter MEC ID C161025 & section changed \_\_\_\_\_)

## 2. Committee Information

*Per Madelene 2/2/16 11:48 AM in phone su*  
 Name of Committee: IMPACT or Informed Missourians Political Action Committee  
 Committee Mailing Address, City, State, & Zip: 110 E. Jay St., Ozark, MO 65721 Telephone Number: (417) 485-7177  
 Official Committee Email Address: \_\_\_\_\_  
 County Clerk or Board of Election Commissioners: Kay Brown, Clerk of Christian County  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Madelene Ramsey Treasurer's Email Address (optional): \_\_\_\_\_  
 Treasurer's Mailing Address, City, State, & Zip: 110 E. Jay St., Ozark, MO 65721 Treasurer's Home Telephone Number: (417) 485-7177 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): \_\_\_\_\_ 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)

Name & Mailing Address, City, State & Zip of Candidate: \_\_\_\_\_ Telephone Number (Candidate Committees Only): \_\_\_\_\_  
 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.

Madelene Ramsey Committee Treasurer  
 \_\_\_\_\_ Candidate (Candidate Committees Only)