



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

Office Use: 84

Statement of Committee Organization

1. Statement Information

Date: 9/8/16 CO71202
 Type: New Amended (if amending, enter MEC ID CO41016 & section changed 3)

2. Committee Information

Name of Committee: Missouri Energy Development Association Political Action Committee
 Committee Mailing Address, City, State, & Zip: 326 East Cap Ave Telephone Number: (573) 634-8678

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): Laura Ruediger Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: 326 E. Capitol Ave., Jefferson City, MO 65101 Treasurer's Home Telephone Number: (573) 584-3232 Treasurer's Work Telephone Number: (573) 634-8678

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)

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.

Laura Ruediger
 Committee Treasurer

MISSOURI ETHICS COMMISSION
 Candidate (Candidate Committees Only)