



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

Office Use *BB* *SA*

Statement of Committee Organization

1. Statement Information

Date: September 8, 2016

Type: New Amended (if amending, enter MEC ID C161260 & section changed 3)

2. Committee Information

Pharmacist Political Action Committee of Missouri

Name of Committee

211 E. Capitol Ave, Jefferson City, MO 65101

Committee Mailing Address, City, State, & Zip

(573) 636-7522

Telephone Number

Official Committee Email Address

Cole County, Steve Korsmeyer, Clerk

County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Gene Forrester

Treasurer's Name (First & Last)

211 E. Capitol Ave., Jefferson City, MO 65101

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

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Treasurer's Home Telephone Number

(573) 636-7522

Treasurer's Work Telephone Number

none

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

AMENDMENT

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Missouri Pharmacy Association

Connected Organization's Name (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

211 E. Capitol Ave, Jefferson City, MO 65101

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

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 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.

Gene Forrester by Gene Forrester
 Committee Treasurer Candidate (Candidate Committees Only)

MISSOURI ETHICS COMMISSION