



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

Office Use: *FB* *SA*

# Statement of Committee Organization

## 1. Statement Information

Date: 09/06/2016  
 Type:  New  Amended (If amending, enter MEC ID C010081 & section changed 3)

## 2. Committee Information

MO Chamber PAC  
 Name of Committee  
P.O. Box 149 (573) 634-3511  
 Committee Mailing Address, City, State, & Zip Telephone Number  
Jefferson City, MO 65102 Steve Korsmeyer, Cole County Clerk  
 Official Committee Email Address 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) \_\_\_\_\_ Treasurer's Email Address (optional) \_\_\_\_\_  
 Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_ Treasurer's Home Telephone Number \_\_\_\_\_ Treasurer's Work Telephone Number \_\_\_\_\_  
Becky Wekenborg  
 Deputy Treasurer's Name (If one appointed) \_\_\_\_\_  
P.O. Box 149, Jefferson City, MO 65102 (573) 634-3511  
 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 (First & Last) \_\_\_\_\_ Additional Committee Officer's Mailing Address, City, State, & Zip \_\_\_\_\_  
 Connected Organization's Name (If any) \_\_\_\_\_ Connected Organization's Mailing Address, City, State, & Zip \_\_\_\_\_

**AMENDMENT**

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)

Name & Mailing Address, City, State, & Zip of Financial Institution \_\_\_\_\_ Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

## 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.

*[Signature]*  
 Committee Treasurer

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

MISSOURI ETHICS COMMISSION