



Office Use: *AB JA*

Statement of Committee Organization

1. Statement Information

Date: 07-13-2016

Type: New Amended (if amending, enter MEC ID A11e1518 & section changed _____)

2. Committee Information

Merlin Atkins Campaign Committee

Name of Committee

915 E 5th Street, Maryville, MO 64468

(660) 582-4932

Committee Mailing Address, City, State, & Zip

Telephone Number

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

Ron Brown

Treasurer's Name (First & Last)

725 W 3rd Street

Treasurer's Email Address (optional)

(660) 582-8218

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

Maryville, MO 64468

Treasurer's Home Telephone Number

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

Kay Atkins, Member

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

725 W 3rd Street, Maryville, MO 64468

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)

Merlin Atkins, 915 E 5th Street, Maryville, MO 64468

Name & Mailing Address, City, State & Zip of Candidate

(660) 582-4932

Telephone Number (Candidate Committees Only)

11-08-2016

Election Date

North District Commissioner

Office Sought & Political Subdivision

Democrat

Political Party

Support

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.

Ron Brown

Committee Treasurer

Merlin Atkins

Candidate (Candidate Committees Only)