



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

Office Use: De

Statement of Committee Organization

1. Statement Information

Date: 09/05/2016

Type: New Amended (if amending, enter MEC ID A161520 & section changed _____)

2. Committee Information

J Kevin Stone Election Committee

Name of Committee

Post Office Box 464, Moberly MO 65270 (660) 353-9112

Committee Mailing Address, City, State, & Zip

Telephone Number

Official Committee Email Address

Will Ellis

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Pamala Fuller

Treasurer's Name (First & Last)

800 Gilman - Moberly, MO 65270

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

Treasurer's Email Address (optional)

(660) 269-9596

Treasurer's Home Telephone Number

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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)

James Kevin Stone PO Box 464
 Name & Mailing Address, City, State & Zip of Candidate Moberly MO 65270

(660) 353-9112 ()
 Telephone Number (Candidate Committees Only)

11-8-16
 Election Date

Assessor
 Office Sought & Political Subdivision
Randolph City

Rep
 Political Party

Support or Oppose

OK'd by phone
 7-22-16

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.

Pamala Fuller
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)