



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

Office Use: 1013 DL

Statement of Committee Organization

1. Statement Information

Date: 9/16/16

Type: New Amended (if amending, enter MEC ID C000997 & section changed 2 3 4 + 5)

2. Committee Information

Eighth Congressional District Democratic Committee
 Name of Committee

P.O. Box 1568, Cape Girardeau, MO 63702-1568
 Committee Mailing Address, City, State, & Zip

(573) 334-6061
 Telephone Number

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

John P. Heisserer
 Treasurer's Name (First & Last)

P.O. Box 1568, Cape Girardeau, MO 63702-1568 (573) 334-6061
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number

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 Treasurer's Work Telephone Number

None
 Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

N/A
 Deputy Treasurer's Mailing Address, City, State, & Zip

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 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Chuck Banks, Chairman
 Additional Committee Officer's Name & Title (if any)

HC 1 Box 1550, Silva, MO 63964
 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

AMENDMENT

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.

Committee Treasurer

Candidate (Candidate Committees Only)