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# Statement of Committee Organization

## 1. Statement Information

Date: 8/17/16  
 Type:  New  Amended (if amending, enter MEC ID C51144 & section changed - Treasurer - mailing address

## 2. Committee Information

Name of Committee: Association of MO NPS Political Action Committee  
 Committee Mailing Address: 10060 Barry Rd, Pierce City MO 65273 Telephone Number: (417) 576-7389

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): Tammy Bartholmeu / S Chapman Treasurer's Email Address (optional): \_\_\_\_\_  
 Treasurer's Mailing Address, City, State, & Zip: 10060 Barry Rd, Pierce City, MO 65273 Telephone Number: \_\_\_\_\_  
 Deputy Treasurer's Name (if one appointed): Shanna Chapman  
 Deputy Treasurer's Mailing Address, City, State, & Zip: 10060 Barry Rd, Pierce City MO 65273 Dep. Treasurer's Home Telephone Number: (417) 576-7389 Dep. Treasurer's Work Telephone Number: (417) 476-9005

## 4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): Shanna Chapman President Additional Committee Officer's Mailing Address, City, State, & Zip: Russell Chapman, CEO  
 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)

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): \_\_\_\_\_  
**Amendment**  
 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: Shanna Chapman - Deputy Treasurer/President Candidate (Candidate Committees Only): \_\_\_\_\_