



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

Office Use: BB EA

Statement of Committee Organization

1. Statement Information

Date: 9/22/16

Type: New Amended (if amending, enter MEC ID C001035 & section changed 3 Treasurer)

2. Committee Information

Name of Committee: BOONE COUNTY DEMOCRATIC CENTRAL COMMITTEE

Committee Mailing Address, City, State, & Zip: PO Box 1294, COLUMBIA, MO 65205 Telephone Number: (573) 875-1245

County Clerk or Board of Election Commissioners: County Clerk Boone County

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): JENNIFER HENDERSON

Treasurer's Mailing Address, City, State, & Zip: 317 Biz loop 70w COLUMBIA MO 65203 Treasurer's Home Telephone Number: (314) 805 9273 Treasurer's Work Telephone Number: ()

Deputy Treasurer's Name (if one appointed): HOMER PAGE

Deputy Treasurer's Mailing Address, City, State, & Zip: 503 N. Brookline Dr. Columbia MO 65203 Deputy Treasurer's Home Telephone Number: (573) 446 0441 Deputy Treasurer's Work Telephone Number: ()

4. Additional Committee Information

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

Connected Organization's Name (if any): AMENDMENT

Additional Committee Officer's Mailing Address, City, State, & Zip: _____

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)

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.

Committee Treasurer: Jennifer Henderson

Candidate (Candidate Committees Only): _____

Missouri Ethics Commission
 SEP 27 2016
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