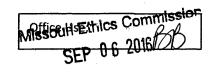


Missouri Ethics Commission (MEC)

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



Statement of Committee Organization

1.	Statement Information Date: 09/02/2016		
Type: New Amended (if amending, enter MEC ID CO21029 & section char			on changed)
2.	Committee Information		
	Republican Central Committee of Dent County		
	177 DentCounty Rd 2110 LecomMo 65401	1	7573 \201 - 9073
	Committee Mailing Address City State 9: 71-	·	Telephone Number
	Official Committee Email Address	County Clerk or Board of Election C	
	Committee Type: Campaign Candidate Continuing (P.	AC) Debt Service	Exploratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Marybeth Cook		
	Treasurer's Name (First & Last)		,
	1762 CR 4160 Salem Mo 65560	(573)729 6095	()
	Treasurer's Malling Address, City, State, & Zip	Treasurer's Home Telephone Numb	er 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 & Fittle (Ifloory)	Additional Committee Officer's Mai	ling Address, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing A	ddress, City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instruction	ns on back) No
5.	Official Bank Account Information (required by all committees)		
			-
6.	Candidate Supported or Opposed (candidate committees must in	nclude self. if candidate	
		/	
	Name & Malling Address, City, State & Zip of Candidate	Telephone Number (Candidate Com	mittees Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mu	ust complete this section	1)
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	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.			complete, true, and accurate. I
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	Man Q TI C.		
	ommittee Leasurer Candidate (Candidate Committees Only)		niy)