



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

Office of Missouri Ethics Commission  
 SEP 06 2016

# Statement of Committee Organization

**1. Statement Information**

Date: 09/02/2016  
 Type:  New  Amended (if amending, enter MEC ID CO21029 & section changed \_\_\_\_\_)

**2. Committee Information**

**Republican Central Committee of Dent County**  
 Name of Committee  
177 DentCounty Rd 2110 LecomaMo 65401  
Committee Mailing Address, City, State, & Zip  
(573) 201-9073  
Telephone Number

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**

**Marybeth Cook**  
 Treasurer's Name (First & Last)  
1762 CR 4160 Salem Mo 65560  
Treasurer's Mailing Address, City, State, & Zip  
(573) 729 6095  
Treasurer's Home Telephone Number  
 \_\_\_\_\_  
Treasurer's Work Telephone Number  
 Deputy Treasurer's Name (if one appointed) \_\_\_\_\_  
 Deputy Treasurer's Email Address (optional) \_\_\_\_\_  
 \_\_\_\_\_  
Dep. Treasurer's Home Telephone Number  
 \_\_\_\_\_  
Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

**AMENDMENT**  
 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)**

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.

Marybeth Cook  
 Committee Treasurer  
 \_\_\_\_\_  
 Candidate (Candidate Committees Only)