



Office Use *JB* *784*

Statement of Committee Organization

1. Statement Information

Date: 09/29/2016

Type: New Amended (if amending, enter MEC ID C000934 & section changed Sec. 3)

2. Committee Information

Name of Committee _____

Committee Mailing Address, City, State, & Zip _____

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 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

Robert H. Brandon

Treasurer's Name (First & Last)

1212 Fisk Avenue, Moberly, MO 65270

Treasurer's Mailing Address, City, State, & Zip

(none appointed)

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Mailing Address, City, State, & Zip _____

Treasurer's Home Address (optional)

(660) 372-5031

Treasurer's Home Telephone Number

(417) 250-1134

Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional)

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 Dep. Treasurer's Home Telephone Number

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 Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

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 _____

AMENDMENT

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 _____

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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.

Robert H. Brandon

 Committee Treasurer

 Candidate (Candidate Committees Only)