

Missouri Ethics Commission

OCT 17 2016

Missouri Ethics Commission

Office Use **OCT 11 2016**



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: 10/03/2016

Type: New Amended (if amending, enter MEC ID A161529 & section changed _____)

2. **Committee Information**

Name of Committee: MIKE BARTON For RUBLEY COUNTY SHERIFF

Committee Mailing Address, City, State, & Zip: Rt 8 Box 2537 DONIPHAN, Mo. 63935 Telephone Number: (573) 351-8228

BECKY YORK
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): MIKE BARTON

Treasurer's Mailing Address, City, State, & Zip: Rt 8 Box 2537 DONIPHAN, Mo. 63935 Treasurer's Home Telephone Number: (573) 351-8228 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 & 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: MIKE BARTON Rt 8 Box 2537 DONIPHAN, Mo. 63935 Telephone Number (Candidate Committees Only): (573) 351-8228

Election Date: NOVEMBER 8, 2016 Office Sought & Political Subdivision: SHERIFF R. DUBOIS Political Party: DEMOCRAT Support or Oppose: SUPPORTING

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: [Signature] Candidate (Candidate Committees Only): [Signature]