



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

Missouri Ethics Commission

Office of the Secretary  
 OCT 31 2016

*JCF*

**Statement of Committee Organization**

**1. Statement Information**

Date: 10-26-16

Type:  New  Amended (if amending, enter MEC ID 2000471 & section changed 2+3)

**2. Committee Information**

Name of Committee: NW MO Republican Candidate Fund

Committee Mailing Address, City, State, & Zip: 5628 SE Easton Road, St. Joseph, MO 64507 Telephone Number: (816) 279-7503

County Clerk or Board of Election Commissioners: Mary B. Garvey

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

**3. Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last): Rose Ann Korte

Treasurer's Email Address (optional): \_\_\_\_\_

Treasurer's Mailing Address, City, State, & Zip: 5628 SE Easton Road, St. Joseph, MO 64507

Treasurer's Home Telephone Number: (816) 279-7503 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): AMENDMENT

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.

Committee Treasurer: Rose Ann Korte

Candidate (Candidate Committees Only): \_\_\_\_\_