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

NOV 03 2016

Office OCT 31 2016

COUNTY CLERK
PEMISCOT COUNTY, MISSOURI

Statement of Committee Organization

1. Statement Information

Date: 10/31/16

Type: New Amended (if amending, enter MEC ID C141259 & section changed (3) Treasurer)

2. Committee Information

Name of Committee: McDaniel for State Representative

Committee Mailing Address, City, State, & Zip: P.O. Box 904 Caruthersville, MO 63830

Telephone Number: (573) 724-1454

Pam Treece

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): Pam McDaniel

Treasurer's Mailing Address, City, State, & Zip: P.O. Box 234 Deering, MO 63840

Treasurer's Email Address (optional)

Treasurer's Home Telephone Number: (573) 359-5678

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Amendment

Deputy Treasurer's Email Address (optional)

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: Andrew McDaniel 6903 State Hwy J, Deering, MO Telephone Number (Candidate Committees Only): (573) 724-1454

Election Date: 11/8/16

Office Sought & Political Subdivision: Representative 150

Political Party: Republican

Support or Oppose: Support +

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.

Signature: Pamela E McDaniel
Committee Treasurer

Signature: Andrew McDaniel
Candidate (Candidate Committees Only)