



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

Office Use:

**1. Statement Information**

Date: 11/29/2016  
 Type:  New  Amended (if amending, enter MEC ID C101050 & section changed 6)

**2. Committee Information**

**Friends of Mike Bernskoetter**  
 Name of Committee  
429 W. Miller St., Jefferson City, MO 65101 (573) 634-3299  
 Committee Mailing Address, City, State, & Zip Telephone Number

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

**3. Treasurer/Deputy Treasurer Information**

**Gregg Bexten**  
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)  
4921 Glovers Ford Rd., Jefferson City, MO 65101 (573) 230-8024 (573) 761-6162  
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number 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**

**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)**

**Mike Bernskoetter** (573) 634-3299 ( )  
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
8/7/2018 6th Senate District Republican  
 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  
  
 Candidate (Candidate Committees Only) MISSOURI ETHICS COMMISSION