



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

Office DEC 09 2016

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 12/08/2016
Type: [X] New [ ] Amended (if amending, enter MEC ID C161407 & section changed)

2. Committee Information

Name of Committee: PRESERVE MIDDLE CLASS AMERICA
Committee Mailing Address, City, State, & Zip: 1850 EAST DIVISION STREET SPRINGFIELD, MO 65803
Telephone Number: (816) 924-3460
County Clerk or Board of Election Commissioners: GREENE
Committee Type: [ ] Campaign [ ] Candidate [X] Continuing (PAC) [ ] Debt Service [ ] Exploratory [ ] Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): DAVID COOK
Treasurer's Mailing Address, City, State, & Zip: 300 WEIDMAN ROAD BALLWIN, MO 63011
Treasurer's Home Telephone Number: ( )
Treasurer's Work Telephone Number: (636) 394-6500
Deputy Treasurer's Name (if one appointed):
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:
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)

[X] 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: David M. Cook
Committee Treasurer:
Candidate (Candidate Committees Only):