



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

Statement of Committee Organization



	1. Statement Information	Statement Information					
	Date: 07/03/2017						
	Type: New Amen	ype: New Amended (if amending, enter MEC ID () () & section changed					
2	Committee Information Beetem for State Rep						
	Name of Committee				/E72\ C	(573) 680-0005	
	P.O. Box 2142 Jefferson City, MO 65102 Committee Mailing Address, City, State. & Zin			(373) Telephor			
				Cole County Clerk County Clerk or Board of Election Commissioners			
	Committee Type: Camp	paign Candidate Contin		Debt Service	Exploratory	Political Pary	
_							
Ĵ	Treasurer/Deputy Treasurer Information						
	Edith Vogel Treasurer's Name (First & Last)	Treasurer's	Treasurer's Email Address (optional)				
	800 St Mary's Blvd Jefferso		(573) 353-7336				
	800 St. Mary's Blvd. Jefferson City, MO 65109 Treasurer's Mailing Address, City, State, & Zip		Phone 1	Phone 1		Phone 2	
	Deputy Treasurer's Name (if one appointed)		Deputy Trea	Deputy Treasurer's Email Address (optional)			
	/ Deputy Treasurer's Mailing Address, City, St.	ate, & Zip	Phone 1		Phone 2		
4	Additional Committee Information						
	Additional Committee Officer's Name & Title (if any)		Additional C	Additional Committee Officer's Mailing Address, City, State, & Zip			
Connected Organization's Name (if any) Connected Organization's Mailing Address, City, Statement (Statement of Connected Organization) Connected Organization's Mailing Address, City, Statement (Statement of Connected Organization) Connected Organization (Statement of Connecte					ess. City. State. & Zip		
	CANDIDATES: Do you have more than one candidate committee?		_				
_							
Э.	Official Bank Account Inform	nation (required by all committee	5)	·			
6.	Candidate Supported or Opp	oosed (candidate committees mus	st include self	, if candidate)			
				0-0005			
	lame & Mailing address, City, State, & Zip of Candidate		Phone 1		Phone 2		
	08/07/2018	State	Republica	an			
		Representative/Missouri House of Representatives					
	Election Date	Office Sought & Political Subdivision	Political Party		Support or Oppo	ose	
7.	Ballot Measure Supported or	r Opposed (campaign committees	must comple	ete this section)	in the second		
	Name of Ballot Measure			& Political Subdivision	Support or Oppo		
8.	ignature(s) Check certification(s) & sign (required by all committees)					* 144. A 144.85A	
	■affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I In ther acknowledge that Lam aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.						
	To the action of the state of t		oi ueciai autoi	deciaration made never in is punishable under Cn. 5/5 KSIVIO.			
	Committee Treasurer	Candidate IC:	Candidate (Candidate Committees Only)				

MO 300-1308 Packet (Rev. 01/2016) Form must be completed in full & contain orginal signature(s), fax filings are not accepted.