



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

Missouri Ethics Commission  
 Office Use: *BB*  
 JUL 24 2017

# Statement of Committee Organization

**1. Statement Information**

Date: 07/13/2017

Type:  New  Amended (if amending, enter MEC ID C171203 & section changed \_\_\_\_\_)

**2. Committee Information**

**Committee for a Healthy Missouri**

Name of Committee

PMB 433, 1400 Forum Blvd, Suite 1C, Columbia, MO 65203

(573) 489-3731

Committee Mailing Address, City, State, & Zip

Telephone Number

Boone County - Art Auer, interim

County Clerk or Board of Election Commissioners

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

**3. Treasurer/Deputy Treasurer Information**

**Linda Cooperstock**

Treasurer's Name (First & Last)

4051 S Scott Blvd, Columbia, MO 65203

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(573) 489-3731

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**

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)**

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.

*Linda Cooperstock*

Committee Treasurer

Candidate (Candidate Committees Only)