



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

MISSOURI ETHICS COMMISSION

Office Use:  
 T171458 JUL 21 2017

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 07/19/2017  
 Type:  New  Amended (if amending, enter MEC ID C171199 & section changed \_\_\_\_\_)

2. Committee Information

Missouri Insurance Political Action Committee  
Name of Committee  
PO Box 1165 Jefferson City, MO 65102 (573) 893-4241  
Committee Mailing Address, City, State, & Zip Telephone Number  
Cole County Clerk  
County Clerk or Board of Election Commissioners  
 Committee Type:  Campaign  Candidate  Continuing(PAC)  Debt Service  Exploratory  Political Party

3. Treasurer/Deputy Treasurer Information

Amy Hamacher  
Treasurer's Name (First & Last)  
PO Box 1165 Jefferson City, MO 65102 (573) 893-4241  
Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2  
 Deputy Treasurer's Name (if one appointed) \_\_\_\_\_ Deputy Treasurer's Email Address (optional) \_\_\_\_\_  
 Deputy Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

4. Additional Committee Information

Richard Brownlee (Chairman) | David Smith (Vice-Chairman) 121 Madison Street Jefferson City, MO 65101 | 3210 S. Winding Trail Ct Columbia, MO 65201  
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 \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
 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.

Amy Hamacher \_\_\_\_\_  
Committee Treasurer Candidate (Candidate Committees Only)