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

Statement of Committee Organization

Office Use: PD

1. **Statement Information**

Date: 1/13/15

Type: ☐ New ☑ Amended (if amending, enter MEC ID C121485 & section changed 2,3)

2. **Committee Information**

Stand Up Missouri
Name of Committee

308 East High St. STE 301
Committee Mailing Address, City, State, & Zip

(573) 634-2500
Telephone Number

Email Address

County Clerk or Board of Election Commissioners

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

3. **Treasurer/Deputy Treasurer Information**

Robert Dalton
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

680 Craig Road, Suite #103, Saint Louis, MO 63141
Treasurer's Mailing Address, City, State, & Zip

(____) Treasurer's Home Telephone Number

(____) Treasurer's Work Telephone Number

Andrew Foley
Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

730 W Main Street, Jefferson City, MO 65101
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)**

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

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.

R. Dalton, Treas.
Committee Treasurer

Candidate (Candidate Committees Only)

MISSOURI ETHICS COMMISSION
JAN 21 2015
HAND DELIVERED

Form must be completed in full & contain original signature(s), fax filings are not accepted.