



Office Use: *BB J*

Statement of Committee Organization

1. Statement Information

Date: 5/6/15
 Type: New Amended (if amending, enter MEC ID C141569 & section changed 2 & 6)

2. Committee Information

Bradshaw for Missouri
 Name of Committee
PO Box 190201, St. Louis, MO 63119
 Committee Mailing Address, City, State, & Zip
(314) 259-1234
 Telephone Number

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last) _____ Treasurer's Email Address (optional) _____
 Treasurer's Mailing Address, City, State, & Zip _____ 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) **AMENDMENT** 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 Number _____

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Brad Bradshaw, 1736 E. Sunshine, Ste 600 Springfield, MO 65804
 Name & Mailing Address, City, State & Zip of Candidate
8/2/16 Lt. Governor (314) 259-1234 (417) 890-8888
 Election Date Office Sought & Political Subdivision Telephone Number (Candidate Committees Only)
Democratic Support
 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.

Brad Bradshaw _____
 Committee Treasurer
[Signature] _____
 Candidate (Candidate Committees Only)