



Missouri Ethics Commission  
**COMMITTEE DISCLOSURE REPORT COVER PAGE**

M.E.C. ID NO. \_\_\_\_\_

1. DATE OF REPORT	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE

3. COMMITTEE MAILING ADDRESS	4. COMMITTEE TELEPHONE NUMBER
CITY / STATE / ZIP	

5. TREASURER'S NAME

6. TREASURER'S MAILING ADDRESS	7. TREASURER'S TELEPHONE NUMBER
CITY / STATE / ZIP	HOME:  WORK:

8. DEPUTY TREASURER'S NAME  CHECK IF NO DEPUTY TREASURER

9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER
CITY / STATE / ZIP	HOME:  WORK:

11. DATE OF ELECTION	12. TYPE OF ELECTION ( CHECK ONE )
	<input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL

13. TIME PERIOD COVERED BY THIS STATEMENT

FROM \_\_\_\_\_ THROUGH \_\_\_\_\_

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY

CHECK IF INCUMBENT

REPUBLICAN     DEMOCRAT     \_\_\_\_\_

15. TYPE OF REPORT

15 DAYS AFTER CAUCUS NOMINATION

COMMITTEE QUARTERLY REPORT  
 Jan 15     Apr 15     Jul 15     Oct 15

8 DAYS BEFORE

30 DAYS AFTER ELECTION

TERMINATION (ATTACH FORM CO-3)

SEMIANNUAL DEBT REPORT  
 Jan 15     Jul 15

ANNUAL SUPPLEMENTAL, JAN 15

15 DAYS AFTER PETITION DEADLINE

OTHER

AMENDING PREVIOUS REPORT DATED \_\_\_\_\_, 20\_\_\_\_

16. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

\_\_\_\_\_

TREASURER'S SIGNATURE

17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

\_\_\_\_\_

CANDIDATE'S SIGNATURE

**COMMITTEE DISCLOSURE REPORT  
COVER PAGE  
INSTRUCTIONS**

**PURPOSE:**

Form CD includes the Cover Page, Summary Page and numbered CD Forms. Form CD is used for reporting the receipts and disbursements of a committee as required by the Campaign Finance Disclosure Law. NOTE: Supplemental CD Forms are printed separately from this packet and may be obtained from the Missouri Ethics Commission or your appropriate officer.

**CONTENT OF FORM:**

- Item 1:** Enter the date the report is submitted.
- Item 2:** Enter the full name of the committee as reported on the Statement of Organization (Form CO-1).
- Item 3:** Enter the committee's mailing address (if any).
- Item 4:** Enter the committee's telephone number (if any).
- Item 5:** Enter the full name of the committee treasurer.
- Item 6:** Enter the committee treasurer's full mailing address.
- Item 7:** Enter the full name of the deputy treasurer (if any).
- Item 8:** Enter the treasurer's home and business telephone numbers.
- Item 9:** Enter the deputy treasurer's full mailing address.
- Item 10:** Enter the deputy treasurer's home and business telephone numbers.
- Item 11:** Enter the date of the election for which the report is being filed.
- Item 12:** Check the correct box for the type of election for which the report is being filed.
- Item 13:** Enter the opening and closing dates of the period covered by this report.
- Item 14:** Candidate committees only: List the name of the candidate, address, phone, the office they are seeking, the political subdivision, and political party affiliation.
- Item 15:** Check the appropriate box indicating the type of report your committee is filing.
- Item 16:** The treasurer must sign this report.
- Item 17:** Candidate committees only: The candidate must sign the report.

**MISSOURI ETHICS COMMISSION**

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Jefferson City, Missouri 65102  
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(800) 392-8660

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CONTACT THE MISSOURI ETHICS COMMISSION OR YOUR LOCAL ELECTION AUTHORITY FOR FURTHER INFORMATION