

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

**ACTION COMMITTEE FOR RURAL ELECTRIFICATION/MISSOURI COOPERATIVES (FKA MISSOURI ACRE)**

ADDRESS (number and street)

2722 EAST MCCARTY

(Check if address is changed)

JEFFERSON CITY

MO

65101

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

cweber@amec.org; dklindt@amec.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

5736593411

2. DATE

09 / 19 / 2007

3. FEC IDENTIFICATION NUMBER

C C00008169

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

David Garland Klindt

Signature of Treasurer

Electronically Filed by David Garland Klindt

Date

09 / 19 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

**Association of Missouri Electric Cooperatives**  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address **PO Box 1645** \_\_\_\_\_

\_\_\_\_\_

**Jefferson City** **MO** **65102** - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Connected** \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**ACTION COMMITTEE FOR RURAL ELECTRIFICATION/MISSOURI COOPERATIVES (FKA MISSOURI ACRE)**

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **David Garland Klindt**

Mailing Address **PO Box 1645**

**Jefferson City MO 65102**

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **David Garland Klindt**

Mailing Address **PO Box 1645**

**Jefferson City MO 65102**

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **573 659 3403**

Full Name of Designated Agent **Christina Suzanne Weber**

Mailing Address **PO Box 1645**

**Jefferson City MO 65102**

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **573 635 6857**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

MO Electric Cooperatives Employee CU

Mailing Address

PO Box 1586

Jefferson City

MO

65102

CITY ▲

STATE ▲

ZIP CODE ▲

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

ACTION COMMITTEE FOR RURAL ELECTRIFICATION NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION

Mailing Address

4301 Wilson Boulevard

.

Arlington VA 22203

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Affiliated

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number  -  -

