For help c	ompletir	ng Form 1, pleas	e double	e-click the	icon next	to each line number.
FEC FORM 1		STATEN ORGAN				RECEIVED C'MAIL CENTER JUN 13 AM 8: 16 Office Use Only
1. NAME OF COMMITTEE (ir	n full)	(Check if nam is changed)		ample:If typing, type er the lines.	12FE4N	15
Pierce For President						
ADDRESS (number a	ddress	711 East J	ack			65560 <sup>-</sup>
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide only	one e-mail a	ddress)		
(Check if address is changed)						
COMMITTEE'S WEB PAGE ADDRESS (URL)						
(Check if is change		1		<u> </u>		
2. DATE 06	5 7	° ′ 2016 ′	. `	<u>.</u>		
	•	2010		. ·		1
3. FEC IDENTIFICATION NUMBER C00616820						
4. IS THIS STATE		NEW (N) C	R [			
Leastily that I have exemined this Statement and to the heat of my knowledge and helief it is two second complete						
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 Judy Pierce						
Signature of Treasurer Judy Putra Date 06" 07° 2016						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only		····.		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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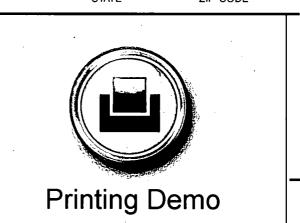
5.

FEC For	.Page <b>2</b>						
TYPE OF Co	OMMITTEE • Committee:						
(a) X	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 Affiliatio	Office on Sought: House Senate X President	State Mo District 143					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
Party Com							
(d)	7 4 1 1	Democratic, epublican, etc.) Party.					
Political Action Committee (PAC):							
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:					
	Corporation Corporation w/o Capital Stock	Labor Organization					
	Membership Organization Trade Association	Cooperative					
	In addition, this committee is a Lobbyist/Registrant PAC.						
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party					
	In addition, this committee is a Lobbyist/Registrant PAC.						
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fundraising Representative:							
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political					
(h)							
Com	mittees Participating in Joint Fundraiser						
1.	FEC ID number C						
2.	FEC ID number	· · · · ·					
З.	FEC ID number						
4.	FEC ID number						

FEC Form 1 (Revise	1 02/2009)	Page 3			
Write or Type Committee Na					
Pierce For Pres	sident				
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representation	ive, or Leadership PAC Sponsor			
Mailing Address	[7]11 East Jack				
	[Salem]                       MO	65560			
	CITY STATE	ZIP CODE			
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor			
<ol> <li>Custodian of Records: Ic books and records.</li> </ol>	lentify by name, address (phone number optional) and position of the	e person in possession of committee			
Full Name	n Land				
Mailing Address	904 S. Oak	<u>I J. I. I.</u>			
	<u></u>				
	Salem Mo	65560    -			
Title or Position	CITY STATE	ZIP CODE			
Bookeeper	Telephone number	573   - 453   - 6597			
<ol> <li>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).</li> </ol>					
Full Name of Treasurer					
Mailing Address	711 East Jack				
	Salem Mo CITY STATE	65560   - [ ] ZIP CODE			
Title or Position		573 _ [739 _ [9184 ]			
L					

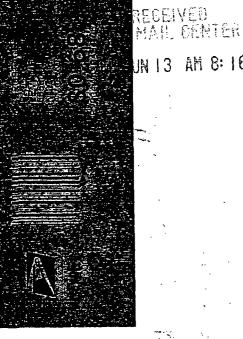
FEC Form 1 (Revised 02/2009) Page 4 Full Name of Designated Agent Mailing Address STATE ZIP CODE CITY Title or Position 1 1 Telephone number 1 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9 safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Riverways FCU |600 Ş Main Mailing Address 1600 Ş Main Salem ιMo 65560 CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address CITY ZIP CODE STATE To print and file this form, select "Print" from the "File" menu above. In the "Print" window,

the "File" menu above. In the "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click the Printing Demo icon for more help.





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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
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Ne	ext Business Day Delivery			
Date of Receipt Date of Receipt Received from House Records & Registration Office				
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
a	6/13/16			
PREPARER (3/2015)	DATE PREPARED			

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