

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE
10 APR -7 AM 11:37

Office Use Only

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

COMMITTEE TO ELECT TONY LASZACS

ADDRESS (number and street) PO BOX 266

(Check if address is changed)

WAYNESVILLE

MO

65583

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

MACONR@ALFORSENATE.COM

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.ALFORSENATE.COM

(Check if address is changed)

2. DATE 12 ' 23 ' 2009

3. FEC IDENTIFICATION NUMBER

C

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.

ROGER D. MACON

Type or Print Name of Treasurer

Signature of Treasurer

Roger D. Macon

Date

03 ' 29 ' 2010

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 contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-604-1100

FEC FORM 1
(Revised 02/2009)



MAURITA VALLAIR
My Commission Expires
June 6, 2010
Pulaski County
Commission #06896481

Maurita Vallair

10020183510

5. TYPE OF COMMITTEE**Candidate Committee:**

- (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 ANTONIO E. LASZACS

Candidate Party Affiliation REP Office Sought: House ☒ Senate ☐ President State MO
District 04

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

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (a) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)

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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

10020183511

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 ROGER DALE MACON

Mailing Address 25675 RIDGEVIEW LANE

WAYNESVILLE

MO

65583

2286

Title or Position

CITY

STATE

ZIP CODE

SECRETARY

Telephone number 573 - 337 - 0058

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 ROGER DALE MACON

Mailing Address 25675 RIDGEVIEW LANE

WAYNESVILLE

MO

65583

2286

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 573 - 337 - 0058

10020183512

Full Name of
Designated
Agent

BRANDY LASZACS

Mailing Address

20200 HENRY LANE

DIXON

CITY

MO

STATE

65459

ZIP CODE

Title or Position

DEPUTY TREASURER

Telephone number

573-451-3055

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.

MID MISSOURI CREDIT UNION

Mailing Address

PO BOX 80

FORT LEONARD WOOD

CITY

MO

STATE

65473

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10020183513

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PO Box 266
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Secretary of the Senate
Office of Public Records
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Alexandria, VA

Label 228, January 2008



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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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