

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

|                                                              |                                                        |                                                                                                        |
|--------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 1. (a) NAME OF COMMITTEE IN FULL<br><b>MO LEADERSHIP PAC</b> | <input type="checkbox"/> (Check if name is changed)    | 2. DATE<br><b>5-10-00</b>                                                                              |
| (b) Number and Street Address<br><b>PO BOX 1504</b>          | <input type="checkbox"/> (Check if address is changed) | 3. FEC Identification Number                                                                           |
| (c) City, State and ZIP Code<br><b>COLUMBIA MO 65205</b>     |                                                        | 4. Is This Report An Amendment?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

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## 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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
- ☐ (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- ☐ (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---------------------------------------------------------------|------------------------------|--------------|
| <b>NONE</b>                                                   |                              |              |

## Type of Connected Organization

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

## 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: **JOHN E BECKER SR** Mailing Address: **PO BOX 1504 COLUMBIA MO 65205** Title or Position: **TREASURER**

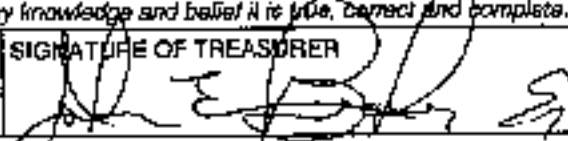
## 8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name: **JOHN E BECKER SR** Mailing Address: **PO BOX 1504 COLUMBIA MO 65205** Title or Position: **TREASURER**

## 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.: **PREMIER BANK** Mailing Address and ZIP Code: **15 S. FIFTH ST COLUMBIA MO 65201**

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<br><b>JOHN E BECKER SR</b> | SIGNATURE OF TREASURER<br> | DATE<br><b>5-10-00</b> |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------|

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.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-219-3420

FEBAN121

**FEC FORM 1**  
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

|                                                                                     |                                      |
|-------------------------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Hand Delivered                                             | Date of Receipt                      |
| <input checked="" type="checkbox"/> First Class Mail                                | POSTMARKED<br>5-10-00                |
| <input type="checkbox"/> Registered/Certified Mail                                  | POSTMARKED                           |
| <input type="checkbox"/> No Postmark                                                |                                      |
| <input type="checkbox"/> Postmark Illegible                                         |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                      |
| <input type="checkbox"/> Other ( Specify):                                          | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing                                          |                                      |
| 5-10-00<br>PREPARER                                                                 | 5-15-00<br>DATE PREPARED             |