



Office Use SEP 04 2020

Statement of Committee Organization

1. Statement Information

Date: 1-13-2021

Type: ☐ New ☒ Amended (if amending, enter MEC ID C171225 & section changed Election Date Cover Page)

2. Committee Information

Committee To Elect Ann Kelley

Name of Committee

303 Walnut Lamar, MO 64759

Committee Mailing Address, City, State, & Zip

(417) 262-0736

Telephone Number

Official Committee Email Address

Kristina Crockett
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Brenden Kelley

Treasurer's Name (First & Last)

303 Walnut Lamar, MO 64759

Treasurer's Mailing Address, City, State, & Zip

(417) 214-1242

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Mike Kelley

Deputy Treasurer's Name (if one appointed)

303 Walnut Lamar MO 64759

Deputy Treasurer's Mailing Address, City, State, & Zip

Deputy Treasurer's Email Address (optional)

(417) 483-7456

Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Amendment

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Ann Kelley 303 Walnut Lamar, MO 64759

Name & Mailing Address, City, State, & Zip of Candidate

(417) 262-0736

Telephone Number (Candidate Committees Only)

Aug 2, 2022

Election Date

State Rep 127

Office Sought & Political Subdivision

R

Political Party

Support

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer

Candidate (Candidate Committees Only)