



Statement of Committee Organization

1. Statement Information

Date: 12/1/2020
 Type: New Amended (if amending, enter MEC ID C141090 & section changed 6)

2. Committee Information

Friends for Chuck Basye
 Name of Committee
P. O. Box 114; Rocheport. MO 65279
 Committee Mailing Address, City, State, & Zip
(573) 356-3405
 Telephone Number
 Official Committee Email Address
Boone County, Missouri Brianna Lennon
 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

Rosa Robb
 Treasurer's Name (First & Last)
4105 Blue Hollow, Columbia, MO 65203
 Treasurer's Mailing Address, City, State, & Zip
(573) 875-2530
 Treasurer's Home Telephone Number
(573) 356-6206
 Treasurer's Work Telephone Number
 Deputy Treasurer's Name (if one appointed)
Pam Anderson
305 Oakridge Ct., Columbia, MO 65203
 Deputy Treasurer's Mailing Address, City, State, & Zip
(573) 449-6360
 Dep. Treasurer's Home Telephone Number
(573) 310-3038
 Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Amendment
 Additional Committee Officer's Name & Title (if any)
 Additional Committee Officer's Mailing Address, City, State, & Zip
 Connected Organization's Name (if any)
 Connected Organization's Mailing Address, City, State, & Zip

AMENDMENT

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)

Name & Mailing Address, City, State, & Zip of Committee Member
 Account Name
 Account Number

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

Charles (Chuck) Basye 15000 W. Hwy 40 Rocheport, MO 65279
 Name & Mailing Address, City, State & Zip of Candidate
8/6/2024
 Election Date
State Senate
 Office Sought & Political Subdivision
Republican
 Political Party
Support
 Support or Oppose
Dist 19 or candidate

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.

Pamela K Anderson
 Committee Treasurer

Charles K. Basye
 Candidate (Candidate Committees Only)