Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

MO Ethics Commission
Office Use:
OCT 28 2021
Rec'd by email

1. **Statement Information**

Date: 10/18/2021

Type: ☐ New ☒ Amended (if amending, enter MEC ID C211706 & section changed #2 and #3)

2. **Committee Information**

Friends of Melanie Stinnett
Name of Committee

2131 W Republic Rd #121, Springfield, MO 65807 (417) 413-4035
Telephone Number

Official Committee Email Address

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**

Cristian Rath
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

428 Cassady Dr. Republic, MO 65738
Treasurer's Mailing Address, City, State, & Zip

(417) 848-9095
Treasurer's Home Telephone Number

( )
Treasurer's Work Telephone Number

N/A
Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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

( )
Dep. Treasurer's Home Telephone Number

( )
Dep. Treasurer's Work Telephone Number

4. **Additional Committee Information**

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 Financial Institution

Account Name

Account Number

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

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

( )
Telephone Number (Candidate Committees Only)

( )

Election Date

Office Sought & Political Subdivision

Political Party

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.

Cristian Rath
Committee Treasurer

Melanie Stinnett
Candidate (Candidate Committees Only)