



Statement of Committee Organization

1. Statement Information

Date: Nov. 5, 2021
 Type: New Amended (if amending, enter MEC ID C131169 & section changed 2,6)

2. Committee Information

Friends of Kip Kendrick

Name of Committee
1400 Forum Blvd, Ste. 7A, #242, Columbia MO 65203 (573) 823-7256
 Committee Mailing Address, City, State, & Zip Telephone Number

Official Committee Email Address: _____
 Boone County Clerk
 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

Treasurer Name (First & Last) _____ Treasurer's Email Address (optional) _____
 Treasurer Mailing Address, City, State, & Zip _____ Telephone Number _____ Treasurer's Work Telephone Number _____

AMENDMENT

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

Addition: 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 _____

CAND DATES: 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)

Kip Kendrick, 808 Fairway Dr, Columbia MO 65201 (573) 823-7256 _____
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
August 2, 2022 Boone Co Presiding Com Democrat Support
 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.

Vicky Reback Wilson _____
 Committee Treasurer Candidate (Candidate Committees Only)