



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

C151129
 FEB 07 2022

1. Statement Information

Date: 1/31/2022
 Type: New Amended (if amending, enter MEC ID C151129 & section changed 6)

2. Committee Information

Friends of Rusty Black
 Name of Committee
PO BOX 768, Chillicothe MO 64601 (660) 247-1647
 Committee Mailing Address, City, State, & Zip Telephone Number
Sherry Parks, Livingston County
 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

Treasurer's Name (First & Last)	Treasurer's Email Address (optional)
Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number
Deputy Treasurer's Name (if one appointed)	Treasurer's Work Telephone Number
Deputy Treasurer's Mailing Address, City, State, & Zip	Deputy Treasurer's Email Address (optional)
	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

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)

<u>Rusty Black 9083LIV529 Chillicothe MO 64601</u>	<u>(660) 247-1647</u>	<u>()</u>
Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees Only)	
<u>Aug/Nov 2022</u>	<u>Republican</u>	<u>Support</u>
Election Date	Political Party	Support or Oppose
<u>Senator Dist 12</u>		
Office Sought & Political Subdivision		

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.

Karin Black Rusty Black
 Committee Treasurer Candidate (Candidate Committees Only)