



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Office Use: Ethics Commission
APR 28 2022
Rec'd by email

1. Statement Information

Date: 4-27-22
Type: ☐ New ☒ Amended (if amending, enter MEC ID C211654 & section changed Section 3)

2. Committee Information

Name of Committee
Friends of Mазzie Boyd
2346 NE PLEASANT RIDGE RD HAMILTON MO 64644 (816) 646-6304
Committee Mailing Address, City, State, & Zip Telephone Number
VoteMazzie4rep County Clerk
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

Kristi Ulrich
Treasurer's Name (First & Last)
1161 SE Hwy E, Laredo, MO 64652 (660) 286-6288 (660) 359-1047
Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number
Marla Boyd
Deputy Treasurer's Name (if one appointed)
Marla Boyd, 3415 SW Ketchum Rd, Maysville, MO 64469 (816) 449-2643 (660) 483-0021
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) Attachment
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)

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.

Kristi Ulrich Marla Boyd
Committee Treasurer Candidate (Candidate Committees Only)