

Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

1.	Statement Information Date: 12/17/2022		
	Type: ☐ New ☐ Amended (if amending, enter MEC ID C221	8 section cha	anged 2, 6
2.	Committee Information		
	Forward with Farnan		
	38469 340th Street, Stanberry, MO 64489		(660)562-9510
	Committee Mailing Address, City, State, & Zip	Nodaway County Clerk	
	Official Committee Email Address	County Clerk, Board of Election Commissione	·
	Committee Type: Campaign Candidate Continuing (PA	AC) Debt Service E Explo	oratory
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	Treasurer's Work Telephone Number
	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
	Additional Committee Information	Control of the Contro	english of the second of the second
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	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip	
		Amanamani	
	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 l	oack) 🗆 No
5.	Official Bank Account Information (required by all committees)		<u> </u>
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
5.	Candidate Supported or Opposed (candidate committees must i	nclude self, if candidate)	
	Jeff Farnan, 38469 340th Street, Stanberry, MO 64489	(660)562-9510	()
	Name & Mailing Address, City, State & Zip of Candidate August 6, 2024 Mo Representative District 1	Telephone Number (Candidate Committees C	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
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3.	ignature(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 in the recommendation is punishable under Ch. 575 RSMo.		
	Francis & Matton	1212	
	Committee Treasurer	Candidate (Candidate Committees Only)	