



Missouri Ethics Commission (MEC) C111145  
 PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov  
**Statement of Committee Organization**

Missouri Office Use  
 Missouri Commission

MAR 08 2023

**1. Statement Information**

Date: 3/6/23  
 Type:  New  Amended (if amending, enter MEC ID C111145 & section changed 3)

**2. Committee Information**

Name of Committee: Friends of Holly Behder  
 Committee Mailing Address, City, State, & Zip: PO Box 1868 Sikeston mo 63801  
 Telephone Number: (573) 672-81

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): Derek Wilson  
 Treasurer's Mailing Address, City, State, & Zip: 11500 State Hwy N, Scott City, MO 63780  
 Treasurer's Home Telephone Number: (573) 225-0325  
 Treasurer's Work Telephone Number: ( )  
 Deputy Treasurer's Name (if one appointed): \_\_\_\_\_  
 Deputy Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_  
 Deputy Treasurer's Home Telephone Number: ( )  
 Deputy Treasurer's Work Telephone Number: ( )

**4. Additional Committee Information**

Additional Committee Officer's Name & Title (if any): \_\_\_\_\_  
 Connected Organization's Name (if any): \_\_\_\_\_  
 Additional Committee Officer's Mailing Address, City, State, & Zip: \_\_\_\_\_  
 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.  
 Committee Treasurer: [Signature]  
 Candidate (Candidate Committees Only): [Signature]

X