

C111145



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

MO Ethics Commission

Office Use
JUL 10 2023

Statement of Committee Organization

Rec'd by email

1. Statement Information

Date: 7-10-23
Type: New Amended (if amending, enter MEC ID C111145 & section changed 6)

2. Committee Information

Name of Committee: Friends of Holly Rehder
Committee Mailing Address, City, State, & Zip: PO Box 1868, Sikeston, MO 63801
Telephone Number: (573) 264-2766

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 Mailing Address, City, State, & Zip: _____
Deputy Treasurer's Name (if one appointed): _____
Deputy Treasurer's Mailing Address, City, State, & Zip: _____
Treasurer's Email Address (optional): _____
Treasurer's Home Telephone Number: _____
Treasurer's Work Telephone Number: _____
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): _____
Connected Organization's Name (if any): _____
Additional Committee Officer's Mailing Address, City, State, & Zip: _____
Connected Organization's Mailing Address, City, State, & Zip: _____

Amendment

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. Candidates Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: Holly R. Rehder
Election Date: Aug. 6, 2024
Office Sought & Political Subdivision: Lieutenant Gov
Political Party: Republican
Telephone Number (Candidate Committees Only): (573) 264-2766
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. Signatures, Officer Certifications, & 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]