

C111145



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

Missouri Ethics Commission

Office Use:
JAN 10 2024

Statement of Committee Organization

1. Statement Information

Date: 11/16/23
Type: New Amended (if amending, enter MEC ID C111145 & section changed 3)

2. Committee Information

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

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Beverly Randles
Treasurer's Name (First & Last)
174 Springridge Lane, Sunrise Beach, MO 65079
Treasurer's Mailing Address, City, State, & Zip
(816) 582-8482 ()
Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Matt Belz
Deputy Treasurer's Name (if one appointed)
Clayton Plaza Law Group, 112 South Hanley, 2nd FL, St. Louis, MO 63105
Deputy Treasurer's Mailing Address, City, State, & Zip
(314) 283-3266 ()
Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any) Amendment
Additional Committee Officer's Mailing Address, City, State, & Zip
Connected Organization's Name (if any) Amendment
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.

Beverly Randles
Committee Treasurer

[Signature]
Candidate (Candidate Committees Only)

X