MISSOURI ETHICS COMMISSION



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

Statement of Committee Organization

HAND DELIVERED

1. Statement Information				as a second of the second of t	
_	Date: 10/01/2024				
	Type: ☐ New ■ Amende	d (if amending, enter MEC ID $\frac{C2}{}$.11553 & section	changed	
2.	Committee Information				
	Friends of Adrian Plank Name of Committee				
	PO Box 10145, Colur	mbia, MO 65205		1	
	Committee Mailing Address, City, State, & Zip			Telephone Number	
	Official Committee Email Address		County Clerk, Board of Election Commiss	ioners, or Federal PAC/Out of State Committee	
	Committee Type: 🛘 Campa	ign ☑ Candidate ☐ Continuing	(PAC) □ Debt Service □ Ex	cploratory	
3.	Treasurer/Deputy Treasurer Information				
	Peter Schneeberger				
	Treasurer's Name (First & Last) 605 Thilly Ave., Columbia, MO 65203		Treasurer's Email Address (optional)	,	
	Treasurer's Mailing Address, City, State, & Zip		() Treasurer's Home Telephone Number	Treasurer's Work Telephone Number	
	Dustin Bax				
	301 E Fillmore St., Jef	ferson City, MO 65101	Deputy Treasurer's Email Address (option	nal)	
	Deputy Treasurer's Mailing Address, City, Stat		Dep. Treasurer's Home Telephone Numb	er Dep. Treasurer's Work Telephone Number	
4.	Additional Committee Inforn	Additional Committee Information			
		38. g			
	Additional Committee Officer's Name & Title (if any)		Additional Committee Officer Ministratories Committee Officer Mini		
	Connected Organization's Name (if any)		Connected Organization's Mailing Address, City, State, & Zip		
	CANDIDATES: Do you have m	ore than one candidate committe	e? 🗆 Yes (refer to instructions o	on back) 🔲 No	
5.	Official Bank Account Inform	ation (required by all committees			
	Amountain the second se		***************************************		
6.	Name & Mailing Address, Clty, State, & Zip of Financial Institution		Account Name	Account Number	
٠.	Candidate Supported or Opposed (candidate committees must Adrian Plank		t include self, if candidate) (573 _\ 999-9962		
	Name & Mailing Address, City, State & Zip of C		Telephone Number (Candidate Committe	es Only)	
	Nov. 5th 2024	State Rep. District 47 Office Sought & Political Subdivision	Democrat	Support	
7.			Political Party	Support or Oppose	
•	Ballot Measure Supported or Opposed (campaign committees must complete this section)				
	Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
8.	ignature(s) — Check certification(s) & sign (required by all committees)				
	☑ I affirm and attest under pe	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 of	r declaration wade herein is fu	Mishable under Ch. 575 RSMo.	
	tall phunt		Maple		
	Committee Treasurer		Candidate (Candidate Committees Only)		