

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

## **Statement of Committee Organization**

Missouri Ethics Commission

Office Use: JAN 07 2025

Received by Mail

Date: 01/01/2025 Type:   New   Amended (if amending, enter MEC Ip C221944   & section changed 3 & 6      Sommittee Information   Forward with Farman	1.	Statement Information			
2. Committee Information Forward with Farnan Name of committee Supported of Opposed (campilate Information) Forward with Farnan 38469 340th Street, Stanberry, MO 64489    Course Clark, Stant of States Committee Information   Course Clark, Stant of States Committee C				2 0 0	
Some of corrections   State   Standberry   MO 64489   G60   562-9510   Teleptore Number   Standberry   MO 64489   G60   562-9510   Teleptore Number   Standberry   MO 64489   G60   Standberry	_		& section cha	anged 3 & 0	
Nocaway County Clerk   Stanberry   MO 64489   S62-9510   Taliphore Number   Taliphore N					
38469 340th Street, Stanberry, MO 64489    Committee National Address					
Nodaway County Clerk		38469 340th Street, Stanberry, MO 64489		\//	
Committee Type:   Campaign   Candidate   Continuing (PAC)   Debt Service   Exploratory   Political Party    I Treasurer / Party   Political Party   Political Party    I Treasurer / Summer Piera k Last)   Treasurer / Summer Pie		Committee Mailing Address. Citv. State, & Zip	Nodaway County C		
Treasurer's Martine Mattson  Treasurer's Martine (First & Last)  37695 US Highway 136  Treasurer's Mailing Address, Chy, State, & Zip  Deputy Treasurer's Mailing Address, Chy, State, & Zip  Connected Organization's Name (if any)  Connected Organization's Name (if any)  CANDIDATES: Do you have more than one candidate committees?  Official Bank Account Information (required by all committees)  None: & Mailing Address, Chy, State, & Zip of Francial institution  Account Name  A		Official Committee Email Address			
Treasurer's final Address (potoreal)  37695 US Highway 136  Treasurer's Mailley Address, Chy, State, & Zp  Deputy Treasurer's Mailley Address, Chy, State, & Zp  Additional Committee Differs's Mainley Address, Chy, State, & Zp  Connected Organization's Name (if any)  CANDIDATES: Do you have more than one candidate committee?   Yes (refer to instructions on back)   No  Official Bank Account Information (required by all committees)  Name & Mailley Address, Chy, State, & Zp or Candidate  Account Name   Account Name		Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P.	oratory 🔲 Political Party		
Tressurer's Mailing Address, City, State, & Zip  Deputly Treasurer's Mailing Address, City, State, & Zip  Additional Committee Information  Additional Committee Officer's Name (if one appointed)  Deputly Treasurer's Mailing Address, City, State, & Zip  Additional Committee Officer's Name (if any)  Connected Organization's Name (if any)  CANDIDATES: Do you have more than one candidate committee?  CANDIDATES: Do you have more than one candidate committees)  Name & Mailing Address, City, State, & Zip   Yes (refer to instructions on back)   No  Official Bank Account Information (required by all committees)  Name & Mailing Address, City, State, & Zip of Financial Institution  Account Name  Acco	3.	Treasurer/Deputy Treasurer Information			
37695 US Highway 136  Treasurer's Mailing Address, City, State, & Zip  Deputy Treasurer's Mailing Address, City, State, & Zip  Deputy Treasurer's Mailing Address, City, State, & Zip  Deputy Treasurer's Mailing Address, City, State, & Zip  Additional Committee Officer's Name & Title (if any)  Additional Committee Officer's Name of any)  Connected Organization's Name (if any)  Additional Committees (if any)  Addi		Francis Mattson	· <del>-</del> ·		
Tressurer's Mailing Address, City, State, & Zip  Deputy Tressurer's Mame (if one appointed)  Deputy Tressurer's Home Telephone Number  Deputy Telephone					
Deputy Treasurer's Name (if one appointed)  Deputy Treasurer's Name (if one appointed)  Deputy Treasurer's Home Telephone Number  Additional Committee Information  Additional Committee Information  Additional Committee Officer's Name (if any)  Connected Organization's Name (if any)  CANDIDATES: Do you have more than one candidate committee?   Yes (refer to instructions on back)   No  Official Bank Account Information (required by all committees)  Name & Mailing Address, City, State, & Zip of Financial Institution  Account Name			\/	\	
Deputy Treasurer's Mailing Address, City, State, & Zip  Dep. Treasurer's Home Telephane Number  Additional Committee Information  Additional Committee Officer's Mailing Address, City, State, & Zip  Connected Organization's Name (if any)  Connected Organization's Namiling Address, City, State, & Zip  Connected Organization's Namiling Address, City, State, & Zip  Connected Organization's Name (if any)  Connected Organization's Namiling Address, City, State, & Zip  Connected Organization's Namiling Address, City, State, & Zip  Account Name		Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treaturer's Work Telephone Number	
Additional Committee Information  Additional Committee Officer's Mailing Address, City, State, & Zip  Connected Organization's Name (if any)  CANDIDATES: Do you have more than one candidate committee?  Yes (refer to instructions on back)  No  Official Bank Account Information (required by all committees)  Name & Mailing Address, City, State, & Zip of Financial Institution  Account Name  Acco		Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)		
Additional Committee Information  Additional Committee Officer's Mailing Address, City, State, & Zip  Connected Organization's Name (if any)  CANDIDATES: Do you have more than one candidate committee?  Yes (refer to instructions on back)  No  Official Bank Account Information (required by all committees)  Name & Mailing Address, City, State, & Zip of Financial Institution  Account Name  Acco			()		
Additional Committee Officer's Name & Title (if any)  Connected Organization's Name (if any)  CANDIDATES: Do you have more than one candidate committee?  CANDIDATES: Do you have more than one candidate committees)  Name & Mailing Address, City, State, & Zip of Financial Institution  Name & Mailing Address, City, State, & Zip of Financial Institution  Account Name		Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number	
Connected Organization's Name (if any)  CANDIDATES: Do you have more than one candidate committee?  Yes (refer to instructions on back)  No  Official Bank Account Information (required by all committees)  Name & Mailing Address, City, State, & Zip of Financial Institution  Account Name  Account Number  Candidate Supported or Opposed (candidate committees must include self, if candidate)  Jeff Farnan, 38469 340th Street, Stanberry, MO 64489  (660) 562-9510  Name & Mailing Address, City, State & Zip of Financial Institution  Account Name  Account Name  Account Number  August 4, 2026  MO Representative District 1  Republican  Support  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  Supported or Opposed (campaign committees must complete this section)  Name of Ballot Measure  Supported or Opposed (campaign committees must complete this section)  Flection Date & Political Subdivision  Support or Oppose  Election Date & Political Subdivision  Support or Oppose  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.  Further Treasurer	4. Additional Committee Information				
Connected Organization's Name (if any)  CANDIDATES: Do you have more than one candidate committee?  Yes (refer to instructions on back)  No  Official Bank Account Information (required by all committees)  Name & Mailing Address, City, State, & Zip of Financial Institution  Account Name  Account Number  Candidate Supported or Opposed (candidate committees must include self, if candidate)  Jeff Farnan, 38469 340th Street, Stanberry, MO 64489  (660) 562-9510  Name & Mailing Address, City, State & Zip of Financial Institution  Account Name  Account Name  Account Number  August 4, 2026  MO Representative District 1  Republican  Support  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  Supported or Opposed (campaign committees must complete this section)  Name of Ballot Measure  Supported or Opposed (campaign committees must complete this section)  Flection Date & Political Subdivision  Support or Oppose  Election Date & Political Subdivision  Support or Oppose  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.  Further Treasurer		to the second of the second problems of the			
CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back)  Official Bank Account Information (required by all committees)  Name & Mailing Address, City, State, & Zip of Financial Institution  Account Name  Account Nam		Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip	
CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back)  Official Bank Account Information (required by all committees)  Name & Mailing Address, City, State, & Zip of Financial Institution  Account Name  Account Nam		Connected Organization's Name (if any)	Connected Organization A Mailler Arthrod Ci		
Name & Mailing Address, City, State, & Zip of Financial Institution  Account Name  Account Name  Account Name  Account Name  Account Number  Account Number  Account Name  Account Number  Account Number  Account Name  Account Number  Accou					
Name & Mailing Address, City, State, & Zip of Financial Institution  Account Name  Account Name  Account Name  Account Number  Felephone Number (Candidate Conmittees Only)  Account Number  Account Number  Felephone Number (Candidate Conmittees Only)	5.				
Jeff Farnan, 38469 340th Street, Stanberry, MO 64489  Name & Mailing Address, City, State & Zip of Candidate  August 4, 2026  Election Date  Office Sought & Political Subdivision  Name of Ballot Measure  Ballot Measure  Support or Opposed  (campaign committees must complete this section)  Name of Ballot Measure  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  Committee Treasurer					
Jeff Farnan, 38469 340th Street, Stanberry, MO 64489  Name & Mailing Address, City, State & Zip of Candidate  August 4, 2026  Election Date  Office Sought & Political Subdivision  Name of Ballot Measure  Ballot Measure  Support or Opposed  (campaign committees must complete this section)  Name of Ballot Measure  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  Committee Treasurer		Name & Mailing Address City State & 7in of Financial Institution	Account Nama	Acquirt Number	
Jeff Farnan, 38469 340th Street, Stanberry, MO 64489  Name & Malling Address, City, State & Zip of Candidate  August 4, 2026  Election Date  Office Sought & Political Subdivision  Name of Ballot Measure  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  MO Representative District 1  Republican  Support  Support  Support or Oppose	6.		· · · · · · · · · · · · · · · · · · ·	Account Number	
Name & Mailing Address, City, State & Zip of Candidate  August 4, 2026  MO Representative District 1  Election Date  Office Sought & Political Subdivision  Name of Ballot Measure  Support or Opposed  (campaign committees must complete this section)  Name of Ballot Measure  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  Telephone Number (Candidate Committees Only)  Republican  Support  Support or Oppose  Support or Oppose  Election Date & Political Subdivision  Support or Oppose  Support or Oppose  Support or Oppose  August 1  Support or Oppose  Support or Oppose  August 2  Support or Oppose  Support or O					
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.  Fracia Walton Committee Treasurer  Candidate (Candidate Committees Only)			\/	)nly)	
7. Ballot Measure Supported or Opposed (campaign committees must complete this section)  Name of Ballot Measure  Election Date & Political Subdivision  Support or Oppose  3. 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.  Figure Walton  Committee Treasurer  Committee Treasurer		August 4, 2026 MO Representative District 1	Republican	Support	
Name of Ballot Measure  Election Date & Political Subdivision  Support or Oppose  Support or Oppose  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.  Figure Walton  Committee Treasurer  Committee Treasurer  Election Date & Political Subdivision  Support or Oppose		Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
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  Candidate (Candidate Committees Only)	7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)		
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  Candidate (Candidate Committees Only)					
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.  True Walton  Committee Treasurer  Committee Treasurer		Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.  Figure Waltson  Committee Treasurer  Candidate (Candidate Committees Only)	3.	Signature(s) – Check certification(s) & sign (required by all comm	ittees)		
Francis Watton Committee Treasurer Camdidate (Candidate Committees Only)		I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I			
Committee Treasurer Candidate (Candidate Committees Only)			eclaration made herein is puni	shable under Ch. 575 RSMo.	
		Francis Watter	lettario	n d	
			Candidate (Candidate Committees Only)	24	