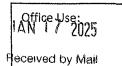
Missouri Ethics Commission



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

Statement of Committee Organization



1.	Statement Information Date: 12/31/2024		
	Type: ☐ New ☐ Amended (if amending, enter MEC ID C23	82377 & section cha	anged)
2.	Committee Information		
	Friends to Elect John Martin		
	Name of Committee 2101 W Broadway, Ste. 103, PMB 126		(573)219-0230
	Committee Mailing Address, City, State, & Zip	Boone County	Telephone Number
	Official Committee Email Address	County Clerk, Board of Election Commissione	
	ommittee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party		
3.	Treasurer/Deputy Treasurer Information		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
		()	()
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (optional)	·
	Deputy Treasurer's Name in One appointed,	()	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address City State Early	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, City, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee	I 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 mus		
	John Martin, 2365 E Buffalo Dr. Columbia, MO 65202	(573 ₎ 219-0230	()
	Name & Mailing Address, City, State & Zip of Candidate Aug. 4. 2026 State Rep. Dist. 44	Telephone Number (Candidate Committee Republican	Support
	Aug. 4, 2026 State Rep. Dist. 44 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 cor	mmittees)	
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate.		
	further acknowledge that I am aware that any false statement of	or declaration made herein is pu	inishable under Ch. 575 RSMo.
	Ic. m	Cfr. Mai	tin .
		Candidate (Cardiflate Committees Only)	