



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

JUL 02 2025

Received by Email

1. **Statement Information**
Date: 05/20/2025
Type: ☐ New ☒ Amended (if amending, enter MEC ID A190869 & section changed _____)

2. **Committee Information**
Friends of Israel Baeza
Name of Committee
1114 E 7th St, Sedalia, MO 65301 (660) 441-7727
Committee Mailing Address, City, State, & Zip Telephone Number
Pettis County Clerk
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**
Robert Hayden
Treasurer's Name (First & Last)
1300 W Henry St, Sedalia, MO 65301
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional) (660) 826-6640 (660) 826-6640
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 Mailing Address, City, State, & Zip _____
Dep. Treasurer's Home Telephone Number _____ Dep. Treasurer's Work Telephone Number _____

4. **Additional Committee Officer Information**
AMENDMENT
Additional Committee Officer's Name & Title (if any) _____ Additional Committee Officer's Mailing Address, City, State, & Zip _____
Connected Organization's Name (if any) _____ 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)**

6. **Candidate Supported or Opposed (candidate committees must include self, if candidate)**
Israel Baeza, 1114 E 7th St, Sedalia, MO 65301 (660) 441-7727 _____
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
08/04/2026 Missouri State Representative Dist. 52 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 _____ 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.

Committee Treasurer

Candidate (Candidate Committees Only)