



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # CO91212

OFFICE USE ONLY

BB A

STATEMENT DATE 8/17/09		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE Friends of Todd Richardson					
4. COMMITTEE MAILING ADDRESS ADDRESS: P.O. Box 1226 CITY / STATE / ZIP: Poplar Bluff, Mo 63901				5. TELEPHONE NUMBER 573-686-7281	
6. TREASURER'S NAME Emily Summers					
7. TREASURER'S MAILING ADDRESS ADDRESS: 275 Forrest Meadows DR CITY / STATE / ZIP: Poplar Bluff, Mo 63901				8. TELEPHONE NUMBER HOME: 573-776-7921 WORK: 573-785-4441	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Emily Parks					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 2601 Woodstone CITY / STATE / ZIP: Poplar Bluff, Mo 63901				11. TELEPHONE NUMBER HOME: 573-808-2005 WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION Southern Bank 531 Vine St. Poplar Bluff, Mo 63901 B. ACCOUNT NAME Friends of Todd Richardson C. ACCOUNT NO.					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME Robert Todd Richardson		B. ADDRESS 2523 N. Main; Poplar Bluff, MO 63901		C. TELEPHONE NO. 573-686-7281	D. POLITICAL PARTY REP
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S)		B. ELECTION DATE 8/3/2010	C. OFFICE SOUGHT state rep	D. POLITICAL SUBDIVISION Dist 154th	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>Emily Summers</i> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>Todd Richardson</i> CANDIDATE'S SIGNATURE		