



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C091197

OFFICE USE ONLY
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STATEMENT DATE 02-16-2010		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 5, 6, 7, 8, 9, 10, 11, 21
3. FULL NAME OF COMMITTEE Friends of Darin Chappell				
4. COMMITTEE MAILING ADDRESS ADDRESS: 1350 Spur Drive, Suite 270-183 CITY / STATE / ZIP: Marshfield, MO 65706			5. TELEPHONE NUMBER 417-859-3250	
6. TREASURER'S NAME Marguerite Yandell			HAND DELIVERED	
7. TREASURER'S MAILING ADDRESS ADDRESS: 83 Low Gap Road CITY / STATE / ZIP: Fordland, MO 65652			8. TELEPHONE NUMBER HOME: 417-767-2353 WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Joyce Harmon				
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 110 Shewanano Loop CITY / STATE / ZIP: Marshfield, MO 65706			11. TELEPHONE NUMBER HOME: WORK: 417-844-5062	
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 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 B. ACCOUNT NAME C. ACCOUNT NO. Metropolitan National Bank Friends of Darin Chappell 1091 Spur Dr. Marshfield, MO 65706				
AMENDMENT				
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 B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY Darin Chappell 682 Delzell Woods Rd. Rogersville, MO 417-425-6841 Republican				
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 C. OFFICE SOUGHT D. POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE Darin K. Chappell 08-03-2010 State Representative 145th <input checked="" type="checkbox"/> <input type="checkbox"/>				
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>				
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>Marguerite Yandell</i> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>Darin K. Chappell</i> CANDIDATE'S SIGNATURE	