



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID #

C091212

OFFICE USE ONLY

*[Handwritten initials]*

STATEMENT DATE 3/14/2010		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 4, 9, 18	
3. FULL NAME OF COMMITTEE Friends of Todd Richardson					
4. COMMITTEE MAILING ADDRESS ADDRESS: P.O. Box 310 CITY / STATE / ZIP : Poplar Bluff, MO 63902				5. TELEPHONE NUMBER 5736867281	
6. TREASURER'S NAME Emily Summers					
7. TREASURER'S MAILING ADDRESS ADDRESS: 2005 N. Westwood CITY / STATE / ZIP : Poplar Bluff, MO 63901				8. TELEPHONE NUMBER HOME: WORK: 5737854441	
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP :				11. TELEPHONE NUMBER HOME: 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 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.					
<b>AMENDMENT</b>					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> POLITICAL ACTION (PAC) <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME Todd Richardson		B. ADDRESS P.O. Box 310 Poplar Bluff, MO 63902		C. TELEPHONE NO. 5736867281	D. POLITICAL PARTY R
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) Todd Richardson		B. ELECTION DATE 11/6/2012	C. OFFICE SOUGHT State Representative	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input checked="" 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	E. SUPPORT <input type="checkbox"/>	F. OPPOSE <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE 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		

MAR 17 2011

HAND DELIVERED