



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C011145

OFFICE USE ONLY

*BB*

STATEMENT DATE <u>7-19-11</u>	TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
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3. FULL NAME OF COMMITTEE  
Friends of Holly Rehder

4. COMMITTEE MAILING ADDRESS ADDRESS: <u>901 Stanford Drive</u> CITY / STATE / ZIP: <u>Sikeston, MO 63801</u>	5. TELEPHONE NUMBER <u>573-380-7089</u>
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6. TREASURER'S NAME  
Lisa Neumeier

7. TREASURER'S MAILING ADDRESS ADDRESS: <u>23 Palace Court</u> CITY / STATE / ZIP: <u>Sikeston, MO 63801</u>	8. TELEPHONE NUMBER HOME: <u>573-380-3608</u> WORK:
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9. DEPUTY TREASURER'S NAME  CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:	11. TELEPHONE NUMBER HOME: WORK:
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12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME                      B. ADDRESS                      C. TITLE  <u>none</u>	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
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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.
		<u>4</u>

15. TYPE OF COMMITTEE  
 CANDIDATE  POLITICAL PARTY  POLITICAL ACTION (PAC)  CAMPAIGN  EXPLORATORY  DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)				POLITICAL PARTY
A. NAME	B. ADDRESS	C. TELEPHONE NO.	D.	PARTY
<u>Holly Rehder</u>	<u>901 Stanford, Sikeston, MO</u>	<u>573-380-7089</u>		<u>R</u>

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)	
A. NAME	B. ADDRESS
<u>none</u>	<u>63801</u>

**AMENDMENT** *BB*

18. CANDIDATES SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	E. SUPPORT	F. OPPOSE
<u>Holly Rehder</u>	<u>Aug 7, 2012</u>	<u>State Representative</u>	<u>Dist # 160</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED			CHECK ONE	
A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	E. SUPPORT	F. OPPOSE
<u>none</u>			<input type="checkbox"/>	<input type="checkbox"/>

20. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Lisa Neumeier  
TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY)

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Holly  
CANDIDATE'S SIGNATURE

Missouri Ethics Commission  
JUL 29 2011