

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:

Statement of Committee Organization

1.	Statement Information Date: 01/12/2012		
	Type: New Amended (if amending, enter MEC ID C111145 & section changed 6		
2.	Committee Information		
	Friends of Holly Rehder		
	Name of Committee		ti energinal digita dinangan militari ngangangangangan kangganangan dinanggan nangana dina dina dina dina dina
	Committee Mailing Address, City, State, & Zip		Telephone Number
	Committee Type: Campaign Candidate Debt Service	Exploratory Political A	
2	Treasurer/Deputy Treasurer Information		
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	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	AMENINGENI	()	()
	Treasurer's Mailing address, fitty state, fit Zin	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 Information		
	Additional Committee Officer's Name & Title (If any)	Additional Committee Officer's Mailing Addre	er City State & Zin
	Additional Committee Officer's Marile & Title (It align	Additional Committee Officer's Walning Addition	зэ, окү, эмж, ж др
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Cl	ty, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on b	pack) No
5.	Official Bank Account Information (required by all committees)		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must i	nclude self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	() Telephone Number (Candidate Committees O	()
	St. Rep., Dist.148		
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	ittees)	
	☐ I/We certify that this statement is complete, true and accurate. ☐ e-Filers: This committee is required by law to file with the MEC and will file all future campaign finance reports using the		
	MEC's electronic filing system.	and will file all future campaign	mance reports using the
	L. M Noumarion	Д.	Commi
	Committee freasurer	Candidate (Candidate Committees Only)	finance reports using the Commission
MO	300-1308 Form must be completed in full & contain origin	nal signature(s) fax filings are	

Packet (Rev. 09/2011)