



Office Use: *BB* *[Signature]*

Statement of Committee Organization

1. Statement Information

Date: 4/10/14
 Type: New Amended (if amending, enter MEC ID CN1221 & section changed _____)

2. Committee Information

Friends of Don Rone
 Name of Committee

P.O. Box 127, Portageville, MO 63873
 Committee Mailing Address, City, State, & Zip

(573) 391-4040
 Telephone Number

Official Committee Email Address _____
 County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

New Madrid County Clerk
 County Clerk or Board of Election Commissioners

3. Treasurer/Deputy Treasurer Information

Kevin Mainord
 Treasurer's Name (First & Last)

116 S Center St., East Prairie, MO 63845
 Treasurer's Mailing Address, City, State, & Zip

(573) 649-5444
 Treasurer's Home Telephone Number

(573) 649-3533
 Treasurer's Work Telephone Number

Lesley Rone
 Deputy Treasurer's Name (if one appointed)

656 State Hwy K, Portageville, MO 63873
 Deputy Treasurer's Mailing Address, City, State, & Zip

(573) 225-7463
 Dep. Treasurer's Home Telephone Number

(573) 275-2030
 Dep. Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional) _____

4. Additional Committee Information

Harold Dial, Secretary
 Additional Committee Officer's Name & Title (if any)

202 Clover Ln., Portageville, MO 63873
 Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any) _____
 Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Don Rone, 503 W 5th St., Portageville, MO 63873
 Name & Mailing Address, City, State & Zip of Candidate

(573) 391-4040
 Telephone Number (Candidate Committees Only)

August 5, 2014
 Election Date

State Representative, Dist. 149
 Office Sought & Political Subdivision

Republican
 Political Party

Support
 Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure _____ Election Date & Political Subdivision _____ Support or Oppose _____

8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Lesley A Rone
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)