



Office Use: *RL*

Statement of Committee Organization

1. Statement Information

Date: 11/9/14

Type: New Amended (if amending, enter MEC ID C111215 & section changed 3 & 6)

2. Committee Information

Friends of Caleb Rowden

Name of Committee

PO Box 7088

(573) 355-5525

Telephone Number

Official Committee Email Address

Wendy Noren / Boone County

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Kat Cunningham

Treasurer's Name (First & Last)

PO Box 7088 / Columbia, MO 65205

Treasurer's Mailing Address, City, State, & Zip

N/A

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(573) 445-3184

Treasurer's Home Telephone Number

(573) 443-1234

Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name: Amendment

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)

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

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

Caleb Rowden / PO Box 7088 / Columbia, MO 65205

Name & Mailing Address, City, State & Zip of Candidate

(573) 355-5525

Telephone Number (Candidate Committees Only)

State Representative
District 44

Republican

Political Party

Support

Support or Oppose

November 2016

Election Date

Office Sought & Political Subdivision

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.

Committee Treasurer

Candidate (Candidate Committees Only)