



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

Office Use: [Signature]

# Statement of Committee Organization

**1. Statement Information**

Date: 11/17/14  
 Type:  New  Amended (if amending, enter MEC ID C111145 & section changed 6)

**2. Committee Information**

Name of Committee: Friends of Holly Rehder  
 Committee Mailing Address, City, State, & Zip: \_\_\_\_\_ Telephone Number: ( )  
 Official Committee Email Address: \_\_\_\_\_ County Clerk or Board of Election Commissioners: \_\_\_\_\_  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last): \_\_\_\_\_ Treasurer's Email Address (optional): \_\_\_\_\_  
 Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_ Treasurer's Home Telephone Number: ( ) Treasurer's Work Telephone Number: ( )  
 Deputy Treasurer's Name (if one appointed): Amendment 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 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)**

Name & Mailing Address, City, State & Zip of Candidate: \_\_\_\_\_ Telephone Number (Candidate Committees Only): ( )  
 Election Date: 08/02/2016 Office Sought & Political Subdivision: \_\_\_\_\_ Political Party: \_\_\_\_\_ 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.

[Signature] Committee Treasurer [Signature] Candidate (Candidate Committees Only)