



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

Office Use:

BB DE

Statement of Committee Organization

1. Statement Information

Date: 3/18/2015

Type: ☒ New ☐ Amended (if amending, enter MEC ID C/51073 & section changed _____)

2. Committee Information

Friends of Curtis Trent

Name of Committee

1625 S. Marion Apt. B102 Springfield, MO 65807

(417) 683-8587

Telephone Number

Official Committee Email Address

Shane Schoeller

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Ron Neville

Treasurer's Name (First & Last)

3541 E. Kingswood Dr. Springfield, MO 65809

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

(417) 860-6746

Treasurer's Home Telephone Number

(417) 860-6746

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 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)

Curtis Trent 1625 S. Marion Apt. B102 Springfield, MO 65807

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

(417) 683-8587

Telephone Number (Candidate Committees Only)

August 2, 2016

Election Date

State Representative District 133

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.

Ronald A. Neville

Committee Treasurer

Curtis Trent

Candidate (Candidate Committees Only)