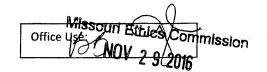


Missouri Ethics Commission (MEC)

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



Statement of Committee Organization

Date: 11/21/2016 Type: New Amended (if amending, enter MEC ID C1	51073 & section	changed Section 6
Committee Information	& Section	criarigeu
Friends of Curtis Trent		
Name of Committee 1625 S. Marion Ave. B102 Springfield, MO 65	807	(417 ₎ 683-8587
Committee Mailine Address Citu State & Zip	Shane Schoeller	Telephone Number
Official Committee Email Address	County Clerk or Board of Election Commi	ssioners
Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Ex	ploratory Political Party
Treasurer/Deputy Treasurer Information		
Ron Neville		
Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
3541 E. Kingswood Dr. Springfield, MO 65809	(417) 860-6746	(<u>417</u>)860-6746
Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (option	nal)
	1	(:)
Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numb	er Dep. Treasurer's Work Telephone Num
Additional Committee Information		
Additional Committee Officers Name & Ittle lift any	Additional Committee Officer's Mailing A	ddress, City, State, & Zip
AWENDVEN	,	
Connected Organization's Name (if any)	Connected Organization's Mailing Addres	s, City, State, & Zip
CANDIDATES: Do you have more than one candidate committe	e? Yes (refer to instructions o	n back) 📝 No
Official Bank Account Information (required by all committees		
Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
Candidate Supported or Opposed (candidate committees mus	t include self, if candidate)	
Curtis Trent 1625 S. Marion Ave. B102 Springfield, MO 65807	(417) 683-8587	()
lame & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committee	· · · · · · · · · · · · · · · · · · ·
08/07/2018 State Representative District 133	Republican	Support
lection Date Office Sought & Political Subdivision	Political Party	Support or Oppose
Ballot Measure Supported or Opposed (campaign committees	must complete this section)	
ame of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
ignature(s) Check certification(s) & sign (required by all com	mittees)	
I affirm and attest under penalty of perjury that information a		plete true and accurate
irther acknø@ledge that I am aware that any false statement o		
1) 00000	1 + 1 L	-
W ov V W W// a av V V	(MAMA)	