



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

Office, DEC 19 2016

HAND DELIVERED

Statement of Committee Organization

1. Statement Information

Date: 12-9-16
Type: New Amended (if amending, enter MEC ID C091212 & section changed 6)

2. Committee Information

Name of Committee: Friends of Todd Richardson

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) _____ 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

AMENDMENT

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)

No change _____ No change _____
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)

8/7/2018 _____ Statewide office _____ No change _____ No change _____
Election Date 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.

Maxwell Richardson
Committee Treasurer

Todd Richardson
Candidate (Candidate Committees Only)