

OCT 14 2015

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

Office Use:

JCH

1. **Statement Information**

Date: 10/14/2015

Type: New Amended (If amending, enter MEC ID A171000 & section changed sect. 6)

2. **Committee Information**

Name of Committee: FRIENDS OF Bill HENNESSY

Committee Mailing Address, City, State, & Zip: 9 Shelby Crest Ct. O'Fallon MO, 63366 Telephone Number: (636) 240-6497

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

3. **Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last): STAN PATTON

Treasurer's Mailing Address, City, State, & Zip: 954 Green Briar Hills DR O'Fallon MO 63366 Treasurer's Home Telephone Number: (314) 220-1554 Treasurer's Work Telephone Number: ()

Deputy Treasurer's Name (if one appointed): () Deputy Treasurer's Email Address (optional): ()
Deputy 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)**

Name & Mailing Address, City, State & Zip of Candidate: Bill Hennessy 9 Shelby Crest Ct O'Fallon MO, 63366 Telephone Number (Candidate Committees Only): (314) 220-1554

Election Date: Apr 14, 2017 Office Sought & Political Subdivision: MAYOR, O'Fallon, MO Political Party: INdependent Support or Oppose: Support

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: [Signature] Candidate (Candidate Committees Only): [Signature]