

C091212

Missouri Ethics Commission



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

Office Use **JUL 14 2017**

Statement of Committee Organization

1. Statement Information

Date: 6-27-17
Type: New Amended (if amending, enter MEC ID C091212 & section changed 5)

2. Committee Information

Friends of Todd Richardson
Name of Committee _____
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

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)

First Midwest Bank Friends of Todd Richardson 2720140
704 W. Westwood Blvd. Account Name Account Number
Poplar Bluff MO 63901

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 _____ 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. 675 RSMo.
Committee Treasurer _____ Candidate (Candidate Committees Only) _____