



# Missouri Ethics Commission (MEC)

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

## Statement of Committee Organization

Missouri Ethics Commission

Office Use:

T171441

JUL 24 2017

### 1. Statement Information

Date: 07/13/2017

Type: ☒ New ☐ Amended (if amending, enter MEC ID C711201 & section changed \_\_\_\_\_)

### 2. Committee Information

Friends of Jeff Knight

Name of Committee

PO Box 709 Lebanon, MO 65536

Committee Mailing Address, City, State, & Zip

(417) 594-0050

Telephone Number

Official Committee Email Address

Laclede County Clerk

County Clerk or Board of Election Commissioners

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

### 3. Treasurer/Deputy Treasurer Information

Nancy Winfrey

Treasurer's Name (First & Last)

25599 N. Hwy 5 Lebanon, MO 65536

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

(417) 664-3800

Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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

Phone 1

Phone 2

### 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)

Jeff Knight 1222 Apple Ln. Lebanon, MO 65536

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

(417) 594-0050

Phone 1

Phone 2

08/07/2018

State

Republican

Representative/Missouri

House of Representatives

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.

Committee Treasurer

Candidate (Candidate Committees Only)

Form must be completed in full & contain original signature(s), fax filings are not accepted.