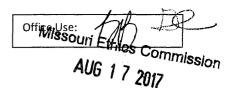


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

## **Statement of Committee Organization**



			701/	
1.	Statement Information Date: 08/09/17			
	Type: ☐ New ☐ Amended (if amending, enter MEC ID CO91	212 & section cha	anged 2	
2.				
۷,	Friends of Todd Richardson			
	Name of Committee			
	PO Box 1738, Columbia, MO 65205		()	
	Committee Malling Address, City, State, & Zip		Telephone Number	
	Official Committee Email Address	County Clerk or Board of Election Commissio	ners	
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party			
3.	Treasurer/Deputy Treasurer Information	r/Deputy Treasurer Information		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
		1	/ \	
	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 automatic for difficer's Name of Title ((fan I)	Additional Committee Officer's Mailing Address		
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	ity, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on b	oack) 🗆 No	
5.	ficial Bank Account Information (required by all committees)			
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number	
õ.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate) ——		
	en e	(. )	( )	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees O	nly)	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	illot Measure Supported or Opposed (campaign committees must complete this section)			
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
3.	Signature(s) Check certification(s) & sign (required by all committees)			
	If affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I			
	further arknowledge that am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo			
Committee Treasurer  Committee Treasurer  Candidate (Candidate Committees Only)				

MO 300-1308 Packet (Rev. 12/2016) Form must be completed in full & contain original signature(s), fax filings are not accepted.

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