

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

Missouri Ethics Commission

Statement of Committee Organization

1.	Statement Information		
	Date: 11-1-2017	001	1_
	Type: New Amended (if amending, enter MEC ID C	4 22 & section ch	anged)
2.	Committee Information		
	Friends of Don Rone		
	Pro Box 127 Pactoreville MI	03873	15731 359 - 41do2
	Committee Mailing Address, City, State, & Zip	3 01 10	Telephone Number
		County Clerk or Board of Election Commission	avens, New Madrid C
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P	AC) Debt Service Explo	oratory
3	3 Treasurer/Deputy Treasurer Information		
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	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
	Additional Committee Information		
4.	Additional Committee information		•
	Additional Conditional Conditions of the (iffacy)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
	MIVILIVEDIVILIVI		
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity, State, & Zip
5	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees)	☐ Yes (refer to instructions on t	pack) 🗆 No
٥.	Official bank Account information (required by an committees)		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must i		
	Don Rone 503 W. 5th St. Portageville MD	(573) 359 - 4662	()
	Name & Mailing Address, City, State & Zip of Candidate 63873	Telephone Number (Candidate Committees C	Only)
	Election Date Office Sought & Political Subdivision	Kepublican Political Part	Support or Opplose
7	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
, .	Bande Measure Supported of Opposed (Campaign Committees in	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
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 further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 I			
			shable under Ch. 575 RSMo.
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_	Committed Treasurer (Deputy)	Landidate (Candidate Committees Only)	