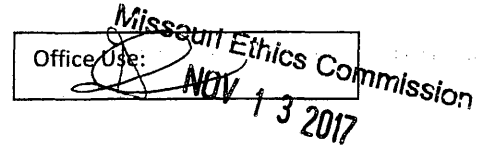




Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



1. Statement Information

Date: 11-1-17

Type: ☐ New ☒ Amended (if amending, enter MEC ID C171201 & section changed 6)

2. Committee Information

Name of Committee: Friends of Jeff Knight

Committee Mailing Address, City, State, & Zip: PO Box 709 Lebanon MO 65536

Telephone Number: ()

County Clerk or Board of Election Commissioners: Glenda Mott Stephanie Hendrix

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Nancy Winfrey

Treasurer's Mailing Address, City, State, & Zip: 25599 Hwy 5 Lebanon MO 65536

Treasurer's Home Telephone Number: (417) 664-3800

Treasurer's Work Telephone Number: ()

Deputy Treasurer's Name (if one appointed): Matt Waterman

Deputy Treasurer's Mailing Address, City, State, & Zip: 230 Chestnut St Lebanon MO 65536

Dep. Treasurer's Home Telephone Number: (417) 718-6444

Dep. Treasurer's Work Telephone Number: (417) 532-7135

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: _____

Amendment

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: Jeff Knight 1222 Apple Ln Lebanon MO 65536

Telephone Number (Candidate Committees Only): (417) 533-3475

Election Date: 2/6/2017

Office Sought & Political Subdivision: Representative 129th

Political Party: Republican

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]