

DEC 18 2017



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

Office Use:

T171727

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1. Statement Information

Date: 12/01/2017

Type: ☒ New ☐ Amended (if amending, enter MEC ID C171393 & section changed _____)

2. Committee Information

Friends of Barry Hovis

Name of Committee

PO Box 111 Jackson, MO 63755

Committee Mailing Address, City, State, & Zip

(573) 243-1936

Telephone Number

Cape Girardeau 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

Mark Ruark

Treasurer's Name (First & Last)

475 Hilltop Ridge Cape Girardeau, MO 63701

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

(573) 335-9125

Phone 1

(573) 587-1395

Phone 2

Erica Goins

Deputy Treasurer's Name (If one appointed)

178 F Street Cape Girardeau, MO 63701

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

(573) 587-2170

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)

Barry Hovis 280 Daleview Cape Girardeau, MO 63701

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

(573) 243-1936

Phone 1

(573) 587-1947

Phone 2

08/07/2018

Election Date

State Dist 146
Representative/Missouri
House of Representatives

Office Sought & Political Subdivision

Republican

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)