

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		
1	Date: 2/25/18		*
	Type: New Amended (if amending, enter MEC ID	171201 & section cl	hanged()
2	Committee Information		
	triends of Jeff Knight Name of Committee		
	P.O. Box 709; Lebanon MO 6	5536	(417) 594-0050
	Committee Mailing Address, City, State, & Zip		Telephone Number
	CC CINEII AUUI ESS V	County Clerk or Board of Election Commiss	inners
i L	Committee Type: Campaign Candidate Continuing (	\$	
. 3.	Treasurer/Deputy Treasurer Information		
		_	
	Nancy Winfley Treasurer's Name (Arst & Last)	Treasurer's Email Address (optional)	
	25599 Hwy 5, Lewanon Mu 65536 Treasurer's Mailing Address, City, State, & Zip	(417) 664-3800	(417)657-6002
	* 1 I	Treasurer China Falentione Withough	reasurers work rerephone number
	Matt Water Man Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional	·
	230 Chestrut St. Lebanon Mo 65536  Deputy Treasurer's Mailing Address, City, State, & Zip	(41) 718-6444 Dep. Treasurer's Home Telephone Number	(\(\frac{\(\frac{1}{1}\)}{532-7135}\) Dep. Treasurer's Work Telephone Number
		Dep. Treasurer's Home Telephone Number	Dep. rreasurer's work relephone Number
4.	Additional Committee Information		
7 5 -	Additional Committee Officer (Name 28 Wee (f. apv))	Additional Committee Officer's Mailing Add	ress, City, State, & Zip
		-	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address,	City, State, & Zip
ori Ge	CANDIDATES: Do you have more than one candidate committee?		back) No
5.	Official Bank Account Information (required by all committees)		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must	3. 3.5 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	Account Number
<b>U</b> .		(4) 5323VIC	The state of the s
	Name & Mailing Address, City, State & Zip of Candidate Mo 65576	Telephone Number (Candidate Committees	Only)
	8/7/2018 Representative 12944	Republican	Support
	crection date. Office sought & Political Suburvision	Political Party	support of Oppose
1.	Ballot Measure Supported or Opposed (campaign committees in	nust complete this section)	[1986] [1986] [1986] [1986] [1986] [1986] [1986] [1986] [1986] [1986] [1986] [1986] [1986] [1986] [1986] [1986]
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comn	nittees)	
	☐ I affirm and attest under penalty of perjury that information an		lete, true, and accurate. I
	Turther acknowledge that I am aware that any false statement or		
	1/ auc / Mufre	4.411 1/_/	()
	Committee Treasurer	Candidate (Candidate Committees Only)	
	300-1308 Form must be completed in full & contain original forms and some statement of the sound	ginal signature(s) fax filings ar	e not accepted. Page 1 of 3

Packet (Rev. 11/2014)