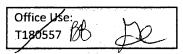
## MAR 3 0 2018



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

## Statement of Committee Organization



1.	Statement Information		
	Date: 03/28/2018	10 0 100	
	Type: New Amended (if amending, enter MEC ID	18 1) 199 & section ch	nanged)
2.	Committee Information		
	Donald B. Mayhew FSR	·	
	Name of Committee PO Box 418 Crocker, MO 65452		(573) 216-1527
	Committee Mailing Address. City, State, & Zip		Telephone Number
	<del></del>	Pulaski County Clerk County Clerk or Board of Election Commiss	sioners.
	Committee Type: Campaign Candidate Continuir	ng(PAC) Debt Service E	xploratory Political Pary
3.	Treasurer/Deputy Treasurer Information		
	Donald Mayhew		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	PO Box 418 Crocker, MO 65452 Treasurer's Mailing Address, City, State, & Zip	(573) 216-1527 Phone 1	Phone 2
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optiona	1)
	Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2
	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)	
5.	Official Bank Account Information (required by all committees)		
٠.	Camulate Supported or Opposed (candidate committees must i	include self. if candidate)	•
	Donald Mayhew PO Box 418 Crocker, MO 65452	(573) 216-1527	•
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2
	08/07/2018 State D'St 12	Republican	
/	Representative/Missouri House of Representatives		
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
٧.	Ballot Measure Supported or Opposed (campaign committees must complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
В.	Signature(s) Check certification(s) & sign (required by all commi		
	■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		
	Al Del Ha Alle 1	allal RM	MAL
	Committee Treasurer	Candidate (Candidate Committees Only)	<i>   U</i>

Form must be completed in full & contain orginal signature(s), fax filings are not accepted.