

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

Office Us**NOV 2 6 2018**

Statement of Committee Organization

1.	Statement Information		
	Date: 10/16/2018 Type: Thou Thou The Amended (if amending onter MEC ID C151073		
	a Section changed Amended (it amending, enter MEC ID & Section changed)		
2.	ommittee Information Friends of Curtis Trent		
	1625 S. Marion Ave. B102 Springfield MO, 65807		(417 ₎ 683-8587
	Committee Mailing Address, City, State. & 7in	Shane Schoeller County Clerk or Board of Election Commission	Telephone Number
	Committee Type: Campaign Candidate Continuing (I		post,
3.	Treasurer/Deputy Treasurer Information		
	Ron Neville		
	Treasurer's Name (First & Last) 3541 E. Kingswood Dr. MO 65809	Treasurer's Email Address (optional)	,417 ₁ 860-6746
	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
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer - Mailing Addr	1871 Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	City, State, & Zip
CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No			back) 🗹 No
5.	Official Bank Account Information (required by all committees)	祖太武。在美汉汉自义等。 第	
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must		
	Curto Trent 1625. S. Marion BIOZ Springfield.	(417) 683-8587 Telephone Number (Candidate Committees	
	Name & Mailing Address, City, State & Zip of Candidate mo 65807	Republican	Support
	Election Date 4-2020 Office Sought & Political Subdivision Dist 13-3	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees n	nust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	nittees)	
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I ther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Lonalda Meurle	Les two Les t	
	Committee Treasurer	Candidate (Candidate Committees Only)	