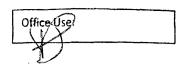


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

L.	Statement Information 如果我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		
	Date: <u>9-19-2019</u>	naxy	
	Type: 🗖 New 🔲 Amended (if amending, enter MEC ID	& section cha	nged)
2.	Committee Information 2000 100 100 100 100 100 100 100 100 10		
	Fogle for Missouri Namely Committee		
	1325 E. UNIVERSITY, Springfield MO 65804 Committee Mailing Address, City, Statel & Zip		(±17) 576-6440 Telephone Number
	Committee Mailing Address, City, Statel & Zip/	Greene County	·
		County Clerk or Board of Election Commission	ners
	ommittee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party		
3.	reasurer/Deputy Treasurer Information (42) (1994) (1994)		
	Thomas Prafer	Treasurer's Email Address (optional)	
	1265 E. Primrose, Spfld MO, 65864 Treasurer's Mailing Address, City, State, & Zip	(417) 848-4247	()
	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's Mailing Addr	ess, City, State, & Zip
	THE THE PARTY OF T		
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	
5	CANDIDATES: Do you have more than one candidate committee?		
٥.	Official bank Account information (required by an committees)	en de la finale de l	
		' 1	,
6.	Candidate Supported or Opposed (candidate committees must i	nclude self, if candidate)	
	2117 Abeth (Boby) Fusic, Spfld Mo 65804 Name & Mailing Address, City, State & Zip of Candidate	(47) 576-6440 Telephone Number (Candidate Committees	()
	8/4/2020 House & Mailing Address, City, State & Zip of Candidate House of Repropertatives - District		Support
	Election Date Office Sought & Political Subdivision 135	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 c	d tacts in this report are compl declaration made herein is pun	lete, true, and accurate. I ishable under Ch. 575 RSMo.
		5/1/	
	Committee Treasules	Candidate (Candidate Continittees Only)	

MO 300-1308 Packet (Rev. 12/2016) Form must be completed in full & contain original signature(s), fax filings are not accepted.

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