



Office Use:
 NOV 25 2019

Statement of Committee Organization

1. Statement Information

Date: NOV. 15, 2019
 Type: New Amended (if amending, enter MEC ID C-141221 & section changed 6)

2. Committee Information

Name of Committee: Friends of Don RONE
 Committee Mailing Address, City, State, & Zip: PO Box 127, Portageville Mo 63873 Telephone Number: (573) 359-4662
 Official Committee Email Address: _____
 County Clerk or Board of Election Commissioners: Clement Cravens, New Madeid Clerk
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Kevin Mainord Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: 116 South Center St. East Prairie Mo 63845 Treasurer's Home Telephone Number: (573) 649-5444 Treasurer's Work Telephone Number: (573) 649-5444
 Deputy Treasurer's Name (if one appointed): Kevin RONE Deputy Treasurer's Email Address (optional): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: 1921 Ct. Hwy 417 Portageville, Mo. 63873 Dep. Treasurer's Home Telephone Number: (573) 225-8867 Dep. Treasurer's Work Telephone Number: (573) 225-8867

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): AMENDMENT 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)

Name & Mailing Address, City, State & Zip of Candidate: Don RONE 503 West 5th Portageville Mo. 63873 Telephone Number (Candidate Committees Only): (573) 359-4662
 Election Date: AUG 4 NOV. 2020 Office Sought & Political Subdivision: STATE Rep. HR-149 Political Party: Republican Support or Oppose: SUPPORT

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: HR-149 Election Date & Political Subdivision: NOV 2020 Support or Oppose: SUPPORT

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: [Signature] Candidate (Candidate Committees Only): [Signature]
 Deputy Treasurer: _____