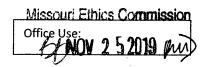


Missouri Ethics Commission (MEC)

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



Statement of Committee Organization

| 1. | Statement Information | |
|----|--|---|
| | Date: <u>NOV. 15, 2019</u> | |
| | Type: ☐ New ☐ Amended (if amending, enter MEC ID <u>C-/</u> 4 | 1221 & section changed 6 |
| 2. | Committee Information | |
| | Friends of DOW RONE | |
| | POBOX 127, PORTAgeville Mo 6387 | 3 |
| | Committee Mailing Address, City, State, & Zip | 775) 33-9-4662 Telephone Number |
| | | Clement Cravens, New Madeic C. |
| | Official Committee Email Address | County Clerk or Board of Election Commissioners |
| | Committee Type: Campaign Candidate Continuing (P. | AC) Debt Service Exploratory Delitical Party |
| 3. | Treasurer/Deputy Treasurer Information | |
| | Kevin MAINORO Treasurer's Name (First & Last) | |
| | Treasurer's Name (First & Last) | Treasurer's Email Address (optional) |
| | Treasurer's Mailing Address, City, State, & Zip Treasurer's Mailing Address, City, State, & Zip G3845 | Treasurer's Home Telephone Number (573) 649-54444 Treasurer's Work Telephone Number |
| | Kain Bout | Treasurer 5 Work Telephone Number |
| | Deputy Treasurer's Name (if one appointed) | Deputy Treasurer's Email Address (optional) |
| | 1921 Ct. Hwy 417 Port Age ville, Mo. 63873 | (<u>523)</u> 225-8867 (<u>523</u>) 225 8867 |
| | Deputy Treasurer's Maling Address, City, State, & Zip | Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number |
| 4. | Additional Committee Information | |
| | and the special of the control of the control of the control of | |
| | Additional Committee Officer's Name & Hitle (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? | \square Yes (refer to instructions on back) \square No |
| 5. | Official Bank Account Information (required by all committees) | |
| | | |
| | المنا ينيسا فرورو | <u> </u> |
| 6. | Candidate Supported or Opposed (candidate committees must | |
| | Den Rove 503 West 5- Partmerile Mo. 63873 | (<u>513</u>) 359 4662 () Telephone Number (Candidate Committees Only) |
| | Name & Mailing Address, City, State & Zip of Candidate | Resultians Suppose T |
| | Mection Date Office Sought & Political Subdivision | Political Party Support or Oppose |
| 7 | Ballot Measure Supported or Opposed (campaign committees m | ust complete this section) |
| ٠. | | |
| | HK - 149 Name of Ballot Measure | NOU 2020 Election Date & Political Subdivision Support Oppose |
| 8. | Signature(s) Check certification(s) & sign (required by all comm | |
| | | |
| | ☐ I affirm and attest under penalty of perjury that information and further acknowledge that I am aware that any false statement or d | d facts in this report are complete, true, and accurate. I |
| | As and assured that any large statement of a | Record day i made not cit is punishable under Cit. 373 KSIVIO. |
| | Committee Treasurer | Candidate (Candidate Committees Only) |
| MΩ | 300-1308 Form must be completed in full & contain original contains or services and services are services as the services are services are services as the services are services are services as the services are services are services as the services are services are services are services as the services are services are services as the services are services are services are services as the services are services are servi | inal signature(s), fax filings are not accepted. Page 1 of 3 |