



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

Office Use:
C211553

1. Statement Information

Date: 12/04/2020

Type: New Amended (if amending, enter MEC ID _____) & section changed _____)

2. Committee Information

Friends of Adrian Plank

Name of Committee

PO Box 10145 Columbia, MO 65205

Committee Mailing Address, City, State, & Zip

(573) 999-9962

Telephone Number

[REDACTED]

Official Committee Email Address

Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

John Klocke

Treasurer's Name (First & Last)

1307 Ashland Rd Apt K Columbia, MO 65201

Treasurer's Mailing Address, City, State, & Zip

[REDACTED]

Treasurer's Email Address (optional)

(573) 205-1211

Phone 1

Phone 2

Elisabeth Condon

Deputy Treasurer's Name (if one appointed)

2062 W Old Plank Village Dr Columbia, MO 65203

Deputy Treasurer's Mailing Address, City, State, & Zip

[REDACTED]

Deputy Treasurer's Email Address (optional)

(636) 544-1083

Phone 1

Phone 2

4. 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) No

5. Official Bank Account Information (required by all committees)

[REDACTED]

Name & Mailing Address, City, State, & Zip of Financial Institution

[REDACTED]

Account Name

[REDACTED]

Account Number

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Adrian Plank 6250 West Druid Lane Columbia, MO 65203

(573) 999-9962

Name & Mailing address, City, State, & Zip of Candidate

Phone 1

Phone 2

08/02/2022

State

Representative/Missouri

House of Representatives

Office Sought & Political Subdivision

Democrat

Election Date

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)

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.

ELECTRONICALLY FILED Jan 11 2021 07:54 AM

Committee Treasurer

ELECTRONICALLY FILED Jan 11 2021 07:54 AM

Candidate (Candidate Committees Only)