



Office Use:
C232365

Statement of Committee Organization

1. Statement Information

Date: 01/17/2023
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Friends of Nick Knoth
Name of Committee

701 Oak St Columbia, MO 65203
Committee Mailing Address, City, State, & Zip

(573) 340-5205
Telephone Number

[REDACTED]
Official Committee Email Address

Boone County Clerk
County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

Rachel Proffitt
Treasurer's Name (First & Last)

[REDACTED]
Treasurer's Email Address (optional)

408 Vieux Carre Ct Columbia, MO 65203
Treasurer's Mailing Address, City, State, & Zip

(626) 466-5854
Phone 1

Phone 2

Jonathan Sessions
Deputy Treasurer's Name (if one appointed)

[REDACTED]
Deputy Treasurer's Email Address (optional)

115 Aldeah Ave Columbia, MO 65203
Deputy Treasurer's Mailing Address, City, State, & Zip

(573) 424-1999
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)

Nick Knoth 701 Oak St Columbia, MO 65203
Name & Mailing address, City, State, & Zip of Candidate

(573) 340-5205
Phone 1

Phone 2

04/04/2023
Election Date

Council Person/City of Columbia
Office Sought & Political Subdivision

Non-Partisan
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 17 2023 04:03 PM
Committee Treasurer

ELECTRONICALLY FILED Jan 17 2023 04:03 PM
Candidate (Candidate Committees Only)