



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. CO00594

1. DATE OF REPORT 4/13/07	OFFICE USE ONLY <i>mg</i> <i>HR</i>
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE HELPS COUNTY REPUBLICAN WOMEN'S CLUB	
3. COMMITTEE MAILING ADDRESS 10730 LARSON LANE	4. COMMITTEE TELEPHONE NUMBER 573-426-4023
CITY / STATE / ZIP ROLLA, MO 65401	
5. TREASURER'S NAME KATIE O'NEILL	
6. TREASURER'S MAILING ADDRESS 10730 LARSON LANE	7. TREASURER'S TELEPHONE NUMBER HOME: 573-426-4023 WORK: 573-247-5075
CITY / STATE / ZIP ROLLA, MO 65401	
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER CAROL GREEN	
9. DEPUTY TREASURER'S MAILING ADDRESS P.O. BOX 490 ROLLA, MO 65401	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
CITY / STATE / ZIP ROLLA, MO 65401	
11. DATE OF ELECTION	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 3/23/2007 THROUGH 3/31/2007	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>APR 13 2007</p> <p>MISSOURI ETHICS COMMISSION</p> <p>APR 16 2007</p> </div> <input type="checkbox"/> CHECK IF INCUMBENT ROLLA, MO 65401 <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input checked="" type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20__
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. Katie E. O'Neill TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE

