



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C081443

OFFICE USE ONLY
[Handwritten initials]

STATEMENT DATE <u>11/19/09</u>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <u>6, 7</u>	
3. FULL NAME OF COMMITTEE <u>Friends for Kelly Schultz</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>10455 E Mexico Gravel</u> CITY/STATE/ZIP: <u>Columbia, MO 65202</u>				5. TELEPHONE NUMBER <u>573-239-0510</u>	
6. TREASURER'S NAME <u>Harold S Enslin</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>901 Ruth Ct.</u> CITY/STATE/ZIP: <u>Mexico, MO 65265</u>				8. TELEPHONE NUMBER HOME: <u>573-581-0761</u> WORK: <u>n/a</u>	
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: <u>MISSOURI ETHICS COMMISSION</u> CITY/STATE/ZIP: <u>NOV 19 2009</u>				11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME <u>AMENDMENT</u> B. ADDRESS <u>HAND DELIVERED</u>				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <u>The Bank of Missouri 3610 Buttonwood Drive Columbia, MO 65201</u>		B. ACCOUNT NAME <u>Friends for Kelly Schultz</u>		C. ACCOUNT NO.	
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME <u>Kelly Schultz</u>		B. ADDRESS <u>10455 E Mexico Gravel Columbia, MO 65202</u>		C. TELEPHONE NO. <u>573-239-0510</u>	D. POLITICAL PARTY <u>D</u>
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME			B. ADDRESS		
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) <u>Kelly Schultz</u>		B. ELECTION DATE <u>8/3/10</u>	C. OFFICE SOUGHT <u>House of Representatives</u>	D. POLITICAL SUBDIVISION <u>Dist 21</u>	CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>[Signature]</u> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>[Signature]</u> CANDIDATE'S SIGNATURE		