



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C081426

OFFICE USE ONLY *[Handwritten initials]*

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| STATEMENT DATE 1/12/2010 | | TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED | | IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 4,5 | |
| 3. FULL NAME OF COMMITTEE Republican Women of Newton County | | | | | |
| 4. COMMITTEE MAILING ADDRESS ADDRESS: 1383 Hale McGinty Drive CITY / STATE / ZIP: Neosho, MO 64850 | | | | 5. TELEPHONE NUMBER 417-451-2524 | |
| 6. TREASURER'S NAME Mishelle Hill | | | | | |
| 7. TREASURER'S MAILING ADDRESS ADDRESS: 19785 Norway Rd. CITY / STATE / ZIP: Neosho, MO 64850 | | | | 8. TELEPHONE NUMBER HOME: 417-451-1531 WORK: 417-455-4014 | |
| 9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER | | | | | |
| 10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP: | | | | 11. TELEPHONE NUMBER HOME: WORK: | |
| 12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE Lynn Otey 1383 Hale McGinty Dr. President | | | | 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 B. ACCOUNT NAME C. ACCOUNT NO. Community Bank & Trust Republican Women of Newton County 100 S. Wood Neosho, MO 64850 | | | | | |
| 15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input checked="" type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE | | | | | |
| 16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY | | | | | |
| 17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS MO Federated Republican Women 618 West State, Union, MO 63084-1027 | | | | | |
| 18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION | | | | CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/> | |
| 19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE | | | | CHECK ONE C. SUBJECT AND POLITICAL SUBDIVISION 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. <i>Mishelle Hill</i> TREASURER'S SIGNATURE | | | | 21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. Missouri Ethics Commission CANDIDATE'S SIGNATURE JAN 19 2010 | |