



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # A101114

OFFICE USE ONLY
BB 1A

STATEMENT DATE Feb. 19, 2010		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE Committee to Elect Harold Hoflander					
4. COMMITTEE MAILING ADDRESS ADDRESS: P.O. Box 603 CITY / STATE / ZIP: Higginsville, MO 64037				5. TELEPHONE NUMBER 660-584-3673	
6. TREASURER'S NAME Brent Teichman					
7. TREASURER'S MAILING ADDRESS ADDRESS: 130 South 2nd Street CITY / STATE / ZIP: Odessa, MO 64076				8. TELEPHONE NUMBER HOME: 816-682-3929 WORK: 816-230-5550	
9. DEPUTY TREASURER'S NAME Greg Warren <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: P.O. Box 405, 401 S. Sandia CITY / STATE / ZIP: Concordia, MO 64020				11. TELEPHONE NUMBER HOME: 660-463-1131 WORK: 660-463-7911	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE Kathryn (Kay) Hoflander 1740 Willow, Higginsville Secretary				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. Concordia Bank PO Box 907 Concordia, MO 64020 Committee to Elect Harold Hoflar					
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 B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY Harold Hoflander 1740 Willow St Higginsville, MO 64037 660-584-3673					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION Harold Hoflander 8/3/10 Presiding Comm Lafayette Co					CHECK ONE E. SUPPORT F. OPPOSE <input type="checkbox"/> <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 F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE	

Missouri Ethics Commission
FEB 24 2010