



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # 0101124

OFFICE USE ONLY
A

STATEMENT DATE <u>3-6-10</u>	TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
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3. FULL NAME OF COMMITTEE
Osborne for State Representative

4. COMMITTEE MAILING ADDRESS ADDRESS: <u>P.O. Box 59</u> CITY / STATE / ZIP: <u>Odessa, Mo 64076</u>	5. TELEPHONE NUMBER <u>816-633-4444</u>
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6. TREASURER'S NAME
Justin L. Mefford

7. TREASURER'S MAILING ADDRESS ADDRESS: <u>8809 131 Highway N</u> CITY / STATE / ZIP: <u>Odessa Mo 64076</u>	8. TELEPHONE NUMBER HOME: <u>816-243-1759</u> WORK: <u>816-776-3059</u>
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9. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:	11. TELEPHONE NUMBER HOME: WORK:
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12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE	13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)		
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <u>First Central</u> <u>416 N 2nd St.</u> <u>Odessa, Mo 64076</u>	B. ACCOUNT NAME <u>Osborne for state Representative</u>	C. ACCOUNT NO.

15. TYPE OF COMMITTEE
 CANDIDATE POLITICAL PARTY CONTINUING CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)			
A. NAME <u>Holmes Osborne</u>	B. ADDRESS <u>510 Kirkpatrick</u> <u>Odessa, Mo 64076</u>	C. TELEPHONE NO. <u>816-633-4444</u>	D. POLITICAL PARTY <u>Democratic</u>

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)	
A. NAME <u>NA</u>	B. ADDRESS

18. CANDIDATES SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE <u>8-3-10</u>	C. OFFICE SOUGHT <u>State Rep</u>	D. POLITICAL SUBDIVISION <u>122</u>	E. SUPPORT	F. OPPOSE
				<input type="checkbox"/>	<input type="checkbox"/>

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	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.
[Signature]
TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.
[Signature]
CANDIDATE'S SIGNATURE

Missouri Ethics Commission
MAR 15 2010

Osborne for State Representative
P.O. Box 59
Odessa, MO 64076

Missouri Ethics Commission
P.O. Box 1254
Jefferson City, MO 65102

Dear Sirs:

We are changing the address of our campaign from 510 Kirkpatrick St. to P.O. Box 59.
If you have any questions, please call us at 816-633-4444.

Sincerely,



Holmes Osborne

Missouri Ethics Commission
MAR 15 2010