



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # 2101153

OFFICE USE ONLY

BB A

STATEMENT DATE <u>3-23-10</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
Friends to Elect Laura Nausser

4. COMMITTEE MAILING ADDRESS ADDRESS: <u>1400 Forum Blvd Ste 38 #556</u> CITY / STATE / ZIP: <u>Columbia Mo 65203</u>	5. TELEPHONE NUMBER <u>573-445-2899</u>
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6. TREASURER'S NAME
Shelly Bedsworth

7. TREASURER'S MAILING ADDRESS ADDRESS: <u>2172 County Rd 354</u> CITY / STATE / ZIP: <u>Fulton, Mo 65251</u>	8. TELEPHONE NUMBER HOME: <u>573-642-5710</u> WORK: <u>573-474-9848</u>
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9. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER
none

10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:	11. TELEPHONE NUMBER HOME: WORK:
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12. OTHER COMMITTEE OFFICERS (IF ANY)	13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE?
A. NAME B. ADDRESS C. TITLE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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>Landmark Bank</u> <u>801 E Broadway</u> <u>Columbia Mo 65203</u>	B. ACCOUNT NAME <u>Friends to Elect Laura Nausser</u>	C. ACCOUNT NO.
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15. TYPE OF COMMITTEE
 CANDIDATE POLITICAL PARTY CONTINUING CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)	POLITICAL PARTY
A. NAME <u>Laura Nausser</u>	B. ADDRESS <u>5707 Bridlewood Ct</u> <u>Columbia, Mo 65203</u>
C. TELEPHONE NO. <u>573-445-2999</u>	D. PARTY <u>Republican</u>

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)

A. NAME	B. ADDRESS
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18. CANDIDATES SUPPORTED OR OPPOSED	CHECK ONE		
A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION
	<u>8/3/10</u>	<u>state Rep</u>	<u>24th Dist</u>
			<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED	CHECK ONE		
A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	
			<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Shelly Bedsworth</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
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Missouri Ethics Commission
MAR 25 2010