



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID #

C10/436

OFFICE USE ONLY

JK

Missouri Ethics Commission

JUL 06 2010

Received by Fax

STATEMENT DATE 6-21-2010		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEM NUMBER(S)	
3. FULL NAME OF COMMITTEE Friends of Kelly Waymon					
4. COMMITTEE MAILING ADDRESS ADDRESS: PO Box 337 CITY / STATE / ZIP: Dittmer, MO 63023				5. TELEPHONE NUMBER 314-223-7800	
6. TREASURER'S NAME Jon Shirrell					
7. TREASURER'S MAILING ADDRESS ADDRESS: PO Box 65 CITY / STATE / ZIP: House Springs, MO 63051				8. TELEPHONE NUMBER HOME: 314-485-9494 WORK: 636-671-4190	
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				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 Eagle Bank and Trust 4875 Gravois Rd. House Springs, MO 63051					
B. ACCOUNT NAME Friends of Kelly Waymon		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 Kelly Waymon		B. ADDRESS 7709 TIERNEY FARMS LN, Dittmer MO		C. TELEPHONE NO. 314-223-7800	D. POLITICAL PARTY Republican
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) Kelly Waymon		B. ELECTION DATE	C. OFFICE SOUGHT Jefferson County Council	D. POLITICAL SUBDIVISION District 7	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. TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE		