



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C081190

OFFICE USE ONLY

BB *RL*

STATEMENT DATE <u>6/7/2011</u>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <u>14, 18</u>	
3. FULL NAME OF COMMITTEE <u>Friends to Elect Cole McNary</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>413 Strawbridge Dr.</u> CITY/STATE/ZIP: <u>Chesterfield, MO 63017</u>			5. TELEPHONE NUMBER <u>314-542-2251</u>		
6. TREASURER'S NAME <u>Gary Heitz</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>144 Saylesville Dr.</u> CITY/STATE/ZIP: <u>Chesterfield, MO 63017</u>			8. TELEPHONE NUMBER HOME: <u>314-434-1638</u> WORK:		
9. DEPUTY TREASURER'S NAME <input 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 type="checkbox"/> N/A		
AMENDMENT					
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <u>L</u> <u>/</u> <u>C</u>					
B. ACCOUNT NAME <u>E</u>		C. ACCOUNT NO.			
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> POLITICAL ACTION (PAC) <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME <u>Cole McNary</u>	B. ADDRESS <u>413 Strawbridge Dr.</u> <u>Chesterfield, MO 63017</u>	C. TELEPHONE NO. <u>314-542-2251</u>	D. POLITICAL PARTY <u>R</u>		
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) <u>Cole McNary</u>	B. ELECTION DATE <u>11/6/2012</u>	C. OFFICE SOUGHT <u>State D. St Rep</u> <u>Representative</u>	D. POLITICAL SUBDIVISION <u>State of Missouri</u>	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. <u>Cole McNary</u> _____ CANDIDATE'S SIGNATURE		

Missouri Ethics Commission
JUN 10 2011