



Office Use: DL

Statement of Committee Organization

1. Statement Information

Date: 1/11/15
 Type: New Amended (if amending, enter MEC ID C091186 & section changed 130.021)

2. Committee Information

Name of Committee: Friends For Diane Franklin
 Address: P.O. Box 793 Camdenon, MO 65020 Telephone Number: (573) 346-0021
 Official Committee Email Address: _____
 County Clerk or Board of Election Commissioners: Rowland Todd / Camden County
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Dr. Chris Franklin Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: P.O. Box 793, Camdenon, MO 65020 Treasurer's Home Telephone Number: (573) 346-0021 Treasurer's Work Telephone Number: _____
 Deputy Treasurer's Name (if one appointed): NA Deputy Treasurer's Email Address (optional): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____ Dep. Treasurer's Home Telephone Number: _____ Dep. Treasurer's Work Telephone Number: _____

4. Additional Committee Information

Additional Committee Officer's Name & Title: Amendment Additional Committee Officer's Mailing Address, City, State, & Zip: _____
 Connected Organization's Name (if any): _____ Connected Organization's Mailing Address, City, State, & Zip: _____

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: Diane Franklin, P.O. Box 793 Camdenon, MO 65020 Telephone Number (Candidate Committees Only): _____
 Election Date: 08/02/2016 Office Sought & Political Subdivision: 123 District State Representative Political Party: Republican Support or Oppose: Support

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: _____ Election Date & Political Subdivision: _____ Support or Oppose: _____

8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.
 Committee Treasurer: [Signature] Candidate (Candidate Committees Only): [Signature]