



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office AUG 24 2017 *de*

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 8-24-17
Type: New Amended (if amending, enter MEC ID C091271 & section changed 6)

2. Committee Information

Friends of Jay Barnes
Name of Committee
219 E. Dunklin Street, Suite A, Jefferson City, Missouri 65101 (573) 634.8884
Committee Mailing Address, City, State, & Zip Telephone Number

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Kirk Farmer
Treasurer's Name (First & Last) 221 Bolivar Street, Jefferson City, MO 65101
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
(573) 289.1414 (573) 635.2255
Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Randall Barnes
Deputy Treasurer's Name (if one appointed) 219 E. Dunklin St., Ste. A, Jefferson City, MO 65101
Deputy Treasurer's Mailing Address, City, State, & Zip
Deputy Treasurer's Email Address (optional)
(573) 634.8884 (573) 634.8884
Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

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

Amendment

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)

Name & Mailing Address, City, State, & Zip of Financial Institution

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

Jay Barnes, 128 Forest Hill Ave., Jefferson City, MO 65109 (573) 418.0719 ()
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
08-2018 State Senate - Dist. 6 Republican
Election Date Office Sought & Political Subdivision Political Party Support or Oppose

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.

[Signature] Committee Treasurer *[Signature]* Candidate (Candidate Committees Only)