

Missouri Ethics Commission (MEC)

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

Office Use:	(F)
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Statement of Committee Organization

1.	Statement Information		
	Date: Sept. 16.2015		
	Type: New Amended (if amending, enter MEC ID <u>C151179</u> & section changed)		
2.	Committee Information		
	Friends of Hannah Kelly		
	P.O. Box 548, NM. Grove, No.	.65711	417,257-4529
	Committee Maining Address, City, State, & Zip	Whidt Comes	Ha reception to transcer
		County Clerk or Board of Election Commission	ners
	Committee Type: Campaign Candidate Continuing (P	AC) Debt Service Explo	pratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Kayla Vardiver		Military conservation of the conservation of t
	R202 Have 22, Mtn. Grove. No	417,259-3344	417,259-3344
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	<i>(</i>)
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	() Dep. Treasurer's Work Telephone Number
1.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ss, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Cit	tv. State. & Zip
	CANDIDATES: Do you have more than one candidate committee?		
- 1	Official Bank Account Information (required by all committees)	res (refer to instructions on b	rack) see NO
			-
.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate,	
	Harral S. Kelly 901 S. Lake St. NHA Brove No.	(417)257-4529	()
	Name & Mailing Address, City, State & Zip of Candidate State Day 1415 Nickort	Telephone Number (Candidate Committees O	nly)
i	Stection Date Office Sought & Political Subdivision	Political Party	Support of Oppose
⁷ .	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
•		· · · · · · · · · · · · · · · · · · ·	
ř	lame of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
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.			
	Kayly Vandri	MANUAL S. 1	Ille
C	Committee Treasurer	(Candidate (Candidate Committees only)	\times

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.

Missouri Ethics Commission