



Missouri Ethics Commission (MEC) APR 04 2018
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: DE

Statement of Committee Organization

1. Statement Information

Date: 4/4/18
Type: New Amended (if amending, enter MEC ID C101147 & section changed _____)

2. Committee Information

Name of Committee: Don Phillips for State Representative
Committee Mailing Address, City, State, & Zip: P.O. Box 24 Kimberling City, Mo. 65686 Telephone Number: (417) 337-2715

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Kathy Phillips
Treasurer's Mailing Address, City, State, & Zip: 18 Midview Dr. Kimberling City, Mo 65686 Treasurer's Home Telephone Number: (417) 337-2715 Treasurer's Work Telephone Number: _____
Deputy Treasurer's Name (if one appointed): _____ 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 (if any): Larry Sifford Campaign Manager Additional Committee Officer's Mailing Address, City, State, & Zip: 55 Little Memory Lane Reeds Spring, Mo. 65737
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

Amendment

5. Official Representative Information (required by all committees)

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

Name & Mailing Address, City, State & Zip of Candidate: _____ Telephone Number (Candidate Committees Only): _____
Election Date: 8/2020 Office Sought & Political Subdivision: Statewide 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.

Committee Treasurer: Kathrin K. Phillips Candidate (Candidate Committees Only): David E. Phillips