MISSOURI ETHICS COMMISSION

COMMITTEE STATEMENT OF LIMITED ACTIVITY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C201204

1. DATE OF REPORT	OFFICE USE ONLY
4/4/2020	

2. FULL NAME OF COMMITTEE

Tom Reed

3. COMMITTEE MAILING ADDRESS

ADDRESS: 1002 West Franklin Ave.

CITY / STATE / ZIP: Owensville MO 65066

4. COMMITTEE TELEPHONE NUMBER

Home: (573) 680-2853

Work

5. TREASURER'S NAME

Tom M Reed

6. TREASURER'S MAILING ADDRESS

ADDRESS: 1666 Highway 28

CITY / STATE / ZIP: Owensville MO 65066

7. TREASURER'S TELEPHONE NUMBER

Home: (573) 680-2853

Work (573) 680-2853

8. DEPUTY TREASURER'S NAME ☑ CHECK IF NO DEPUTY TREASURER

9. DEPUTY TREASURER'S MAILING ADDRESS

ADDRESS:

CITY / STATE / ZIP:

10. DEPUTY TREASURER'S TELEPHONE NUMBER

Home:

Work

11. DATE OF ELECTION

12. TYPE OF ELECTION (CHECK ONE)

☐ PRIMARY ☐ GENERAL ☐ SPECIAL

13. TIME PERIOD COVERED BY THIS STATEMENT

FROM 3/19/2020 THROUGH 3/31/2020

14. IF CANDIDATE COMMITTEE, LIST CANDIDATE'S NAME, OFFICE SOUGHT, AND POLITICAL SUBDIVISION

Tom Reed State Representative Missouri House of Represe

☑ REPUBLICAN ☐ DEMOCRAT ☐ _____

15. TYPE OF REPORT:

☐ OTHER _____

☐ 8 DAYS BEFORE ELECTION

☐ 30 DAYS AFTER ELECTION

☐ 15 DAYS AFTER CAUCUS NOMINATION

☑ COMMITTEE QUARTERLY REPORT

JAN 15	APRIL 15	JUL 15	OCT 15
☐	☑	☐	☐

☐ 15 DAYS AFTER PETITION DEADLINE

16. TREASURER'S STATEMENT

I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS.

ELECTRONICALLY FILED Apr 4 2020 4:38PM

TREASURER'S SIGNATURE

17. CANDIDATE'S STATEMENT

(CANDIDATE COMMITTEE ONLY)

I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS.

ELECTRONICALLY FILED Apr 4 2020 4:38PM

CANDIDATE'S SIGNATURE