Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

MO Ethics Commission
Office Use:
MAY 24 2021
Rec'd by email

1. **Statement Information**

Date: 4/12/21

Type: ☐ New ■ Amended (if amending, enter MEC ID C171088 & section changed 6)

2. **Committee Information**

Citizens to Elect Doug Richey
Name of Committee

Committee Mailing Address, City, State, & Zip

( ) Telephone Number

Official Committee Email Address

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

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

3. **Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

Treasurer's Mailing Address, City, State, & Zip

( ) Treasurer's Home Telephone Number

( ) Treasurer's Work Telephone Number

AMENDMENT

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)

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)**

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

Account Name

Account Number

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

Doug Richey 2213 Chanticleer St Excelsior Sp

816)223-5759 ( )

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

Aug 2, 2022	State Rep - Dist 38	Republican	Support
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.

Stephanie Knecht
Committee Treasurer

Candidate (Candidate Committees Only)