MISSOURI ETHICS COMMISSION

C211684

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

Statement of Committee Organization

Office Use: AUG 13 2021

HAND DELIVERED

1. **Statement Information**

Date: 8/12/21

Type: [✓] New [ ] Amended (if amending, enter MEC ID _____ & section changed _____)

2. **Committee Information**

QUALITY SCHOOLS ALLIANCE PAC
Name of Committee

PO BOX 52, JEFFERSON CITY, MO 65102 — (573) 616-1845
Committee Mailing Address, City, State, & Zip — Telephone Number

Steve Korsmeyer
County Clerk or Board of Election Commissioners

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

3. **Treasurer/Deputy Treasurer Information**

Amber Watson
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

PO Box 52, Jefferson City, MO 65102
Treasurer's Mailing Address, City, State, & Zip

(573) 616-1845
Treasurer's Home Telephone Number

( ) _____
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**

N/A
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)**

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

N/A
Name & Mailing Address, City, State & Zip of Candidate

( ) _____
Telephone Number (Candidate Committees Only)

( ) _____

Election Date | Office Sought & Political Subdivision | Political Party | Support or Oppose

7. **Ballot Measure Supported or Opposed (campaign committees must complete this section)**

N/A
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

Candidate (Candidate Committees Only)

Form must be completed in full & contain original signature(s), fax filings are not accepted.