



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

C211685

MISSOURI ETHICS COMMISSION

Office Use:

AUG 13 2021

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 8/13/21
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

SOUTHERN DRAWL 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

Melissa Largent
 Treasurer's Name (First & Last)
 PO BOX 52, JEFFERSON CITY, MO 65102
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional)
 (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)
 Connected Organization's Name (if any)

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.

Melissa Largent
 Committee Treasurer Candidate (Candidate Committees Only)