MO Ethics Commission

Office Use:
SEP 01 2021
Rec'd by email

Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

1. **Statement Information**

Date: Sept 1 2021

Type: ☐ New ☒ Amended (if amending, enter MEC ID C190845 & section changed 3 & 6)

2. **Committee Information**

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**

Gregory Harrenberger

Treasurer's Name (First & Last)

935 N Woodland Kansas City, MO 64118

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

Treasurer's email Address (optional)

(573) 220-6354 ( )

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

Deputy Treasurer's Home Telephone Number | ( ) Dep. Treasurer's Work Telephone Number

4. **Additional Committee Information**

AMENDMENT

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 for 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 as Candidate)**

Maggie Harrenberger

Name & Address, City, State & Zip of Candidate

(816) 289-8822 ( )

Telephone Number (Candidate Committee Only)

8/2/2022	State Representative District 15	Democratic	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 confirmation(s) & Sign (required for 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)