C201338

MO Ethics Commission
Office Use:
NOV 19 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: 11/18/21

Type: ☐ New ☒ Amended (if amending, enter MEC ID C201338 & section changed SECTION 6)

2. **Committee Information**

CONSERVATIVE LEADERSHIP FOR SOUTHEAST MISSOURI
Name of Committee

P.O. BOX 609, KENNETT, MO 63857
Committee Mailing Address, City, State, & Zip

(573) 888-7872
Telephone Number

Trent Haggard
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**

TRENT HAGGARD
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

P.O. BOX 6, KENNETT, MO 63857
Treasurer's Mailing Address, City, State, & Zip

(573) 888-7872
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**

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

AMENDMENT

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)**

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

( )
Telephone Number (Candidate Committees Only)

( )

Election Date

Office Sought & Political Subdivision

Political Party

NONE
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.

Committee Treasurer

Candidate (Candidate Committees Only)