



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

Office Use: JAN 04 2022 HAND DELIVERED
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1. **Statement Information**

Date: 1/1/22

Type: ☐ New ☒ Amended (if amending, enter MEC ID C180545 & section changed 2, 3)2. **Committee Information**

KINGDOM LEADERSHIP PAC

Name of Committee

PO BOX 52, JEFFERSON CITY, MO 65102

Committee Mailing Address, City, State, & Zip

(573) 616-1845

Telephone Number

Committee Officer's Name

STEVE KORSEMEYER

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

Committee Type: ☐ Campaign ☐ Candidate ☒ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party3. **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)

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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) ☐ No5. **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)**

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

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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)**

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)