C000070

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:
MO Ethics Commission
MAR 01 2022

1. **Statement Information**

Date: _____

Type: ☐ New ☒ Amended (if amending, enter MEC ID C000070 & section changed 3)

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**

Jacqueline Farr
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

32513 Hwy MM Warsaw, MO 65355
Treasurer's Mailing Address, City, State, & Zip

(660) 723-5435
Treasurer's Home Telephone Number

( ) Treasurer's Work Telephone Number

John Parks
Deputy Treasurer's Name (if one appointed)

34200 Hwy M Edwards, MO 65326
Deputy Treasurer's Mailing Address, City, State, & Zip

(816) 682-7020
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

Amendment

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)**

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

( ) 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.

Committee Treasurer | Candidate (Candidate Committees Only)