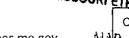
MISSOURI ETHICS COMMISSION
Office Use:





## **Statement of Committee Organization**

MAR 10 2022

			HAND DELIVERED
1.	Statement Information		
	Date: $\frac{3/10/2z}{2}$	01145	1.1
,	Type: ☐ New /☐ Amended (* amending, enter MEC ID C 2C	8 section change	ed
2.	Committee Information		
	Name of Committee		
		(	
	Committee Mailing Address, City, State, & Zip	Te	lephone Number
	Official Committee Email Address	County Clerk, Board of Election Commissioners, or	Federal PAC/Out of State Committee
	Committee Type: 🗀 Campai{ 🗀 Candidate 🗀 Continuing (Pr	AC) 🗆 Debt Service 🗀 Explorat	ory
3,	Treasurer/Deputy Treasurer formation		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	Treasurer a Marine (1113) & Coasy	Treasure: Serior Address (optional)	١
	Treasurer's Mailing Address, City, State, & Zic	Treasurer's Home Telephone Number Tri	easurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
		( ) (	)
	Deputy Treasurer's Mailing Address, City, Str. 1, & Zip	Dep. Treasurer's Home Telephone Number De	p. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Tit', if any)	Additional Committee Officer's Mailing Address. C	äment
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, City, S	tate, & Zip
	CANDIDATES: Do you have lore than one candidate committee?		k) 🗆 No
•	Official Bank Account Information (required by all committees)	· · · · · · <u>    · ·                    </u>	·
	Name & Mailing Address, City, State, & Zi of Financial Institution		count Number
•	Candidate Supported or C posed (candidate committees must i	(273) 368 - 9293 (	
	Name & Mailing Address, City, State & 2 of Candidate	Telephone Number (Candidate Committees Only)	
	Aug Z 2022 - HATE KE, Y	Republica	Support
	Election Date / Office Sought & Political Subdivision 1:5	Political Party Su	aport or Ορβοδέ
7.	Ballot Measure Supporte or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision Su	pport or Oppose
٠.	Signature(s) - Check certification(s) & sign (required by all comm	ittees	
	affirm and attest unc'r penalty of perjury that information and		. true, and accurate. I
	further acknowledge tha I am awaye that any false statement or d		
/	1 hurs Thanna /	Tour Dans	man
L	Committee Treasurer	Candidate (Candidate Committees Only)	