

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

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Missou	ri Ethic	s Con ce Use	miss :	ion
v	MAR 3	1730	22	

1.	Statement Information.	
	Date: <u>3/8/2022</u> Type: X New ☐ Amended (if amending, enter MEC ID	& section changed)
2.	Committee Information	d Section divinged
	We the People For Tou	ia J. Peters
	Name of Committee Da Oa Broy 1482 Rol	la, Mu 65402 (573) 724-7383
	Committee Mailing Address, City, State, & Zip	Telephone Number
		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 405-32-56	
	Susan Hinkle Treasurer's Name (First & Last)	
	14225 County Rd. 8120 Rolla, No	Treasurer's Email Address (opcional) (513) 578 - 214
	Treasurer's Mailing Address, City, State, & Zip 65401	Transurer's Hama Talanhana Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Additional Copins.
	Deputy Treasurer's Mailing Address, City, State, & Zip	
	Deputy Treasurer's Mailing Address, City, State, & Zip 4540 Additional Committee Information	Dep. Treasurer's Rome Telephone Number Dep. Treasurer's Work Telephone Number
4.	Agencial Agencia and Agencia a	ESC. CO. C.
	Additional Committee Officer's Name & Title (If any)	Additional Committee Officer's Mailing Address, City, State, & 7lp
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, City, State, & Zip
٠	CANDIDATES: Do you have more than one candidate committe	
5.	Official Bank Account Information (required by all committee	sJ
		•
6.	Candidate Supported or Opposed (candidate committees mus	st_include self, if candidate)
	Tara Pekus 183855. WS Hmy 63	(573) 724-7383 ()
,	August 2, 2022 State Representative	Telephone Number (Candidate Committees Only) Percubican Support
′	Election Date Office Sought & Political Subdivision	Political Party Support or Ocpose
7.	Ballot Measure Supported of Opposed (campaign committees	s 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 con	mmittees) - 1
	🛱 I affirm and attest under penalty of perjury that information	
	further acknowledge that I am aware that any false statement (1 650
	Second Hilliam Committee Treasurer	Candidate (Candidate Committees Only)

MO 300-1308 Packet (Rev. 1/2021)