

C000653

MISSOURI ETHICS COMMISSION



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

MAY 25 2022

HAND DELIVERED

1. Statement Information

Date: 5/25/22

Type: ☐ New ☒ Amended (if amending, enter MEC ID C000653 & section changed 2, 3, 4, 5)

2. Committee Information

MIC PAC

Name of Committee

PO Box 2276

Committee Mailing Address, City, State, & Zip

(573) 616-1845

Telephone Number

Official Committee Email Address

Steve Korsemeier

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

Melissa Largent

Treasurer's Name (First & Last)

PO Box 2276, Jefferson City, MO 65102

Treasurer's Mailing Address, City, State, & Zip

Amber Watson

Deputy Treasurer's Name (if one appointed)

PO Box 2276, Jefferson City, MO 65102

Deputy Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

()

Treasurer's Home Telephone Number

()

Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional)

()

Dep. Treasurer's Home Telephone Number

()

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Remove All Prior Officer(s)

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) ☐ 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

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)