

C141494



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

Missouri Ethics Commission
Office Use:
JUN 10 2023

Statement of Committee Organization

1. Statement Information

Date: 6/16/22
Type: New Amended (if amending, enter MEC ID C141494 & section changed 6)

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

Treasurer's Name (First & Last) _____ Treasurer's Email Address (optional) _____
Treasurer's Mailing Address, City, State, & Zip _____ Treasurer's Home Telephone Number () Treasurer's Work Telephone Number ()
Deputy Treasurer's Name (if one appointed) _____ Deputy Treasurer's Email Address (optional) _____
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 _____

Amendment

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 11/8/22 Office Sought & Political Subdivision President of the Board of Aldermen Political Party Democrat Support or Oppose Support

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.

Christine T. Parr _____ Megan E. Bro _____
Committee Treasurer Candidate (Candidate Committees Only)