

C222157



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

MO Ethics Commission
Office Use:
JUN 13 2022
Rec'd by email

Statement of Committee Organization

1. Statement Information

Date: 06/13/2022
Type: [X] New [] Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Hahn ODaniel PAC
Name of Committee
131 W High St. Rm 327 Jefferson City, MO 65101 (573) 635-6944
Committee Mailing Address, City, State, & Zip Telephone Number
Cole County Clerk
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Committee Type: [] Campaign [] Candidate [X] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Leanne Dolan
Treasurer's Name (First & Last)
131 W High St. Rm 327
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
() (573) 635-6944
Treasurer's Home Telephone Number Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed)
Deputy Treasurer's Email Address (optional)
() ()
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

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)

[X] 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.

Leanne Dolan
Committee Treasurer
Candidate (Candidate Committees Only)