C010081

Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

MO Ethics Commissic
Office Use:
JUL 13 2022
Rec'd by email

1. **Statement Information**

Date: 7/12/2022

Type: ☐ New ■ Amended (if amending, enter MEC ID C010081 & section changed 3)

2. **Committee Information**

MO Chamber PAC
Name of Committee

P.O. Box 149, Jefferson City, MO 65102
(573) 634-3511
Telephone Number

Official Committee Email Address

Steve Korsmeyer, Cole County Clerk
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**

Roger Archibald
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

864 Hoff Road, O'Fallon, MO 63366
Treasurer's Mailing Address, City, State, & Zip

(636) 579-6566
Treasurer's Home Telephone Number

(636) 385-1000
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

Amendment

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)**

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

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.

Roger Archibald
Committee Treasurer

Candidate (Candidate Committees Only)

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