

C131128



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 Commission
Office Use

AUG 31 2022

Rec'd by email

1. Statement Information

Date: 8/31/2022Type: ☐ New ☒ Amended (if amending, enter MEC ID C131128 & section changed 2, 6)

2. Committee Information

Name of Committee: Committee To Elect Becky RuthCommittee Mailing Address, City, State, & Zip: 1619 W. Main St. Jefferson City MO 65109

Telephone Number

Official Committee Email Address

Steve Korsmeyer Cole County
County Clerk, Board of Election Commissioners, or Federal MEC/Out of State CommitteeCommittee 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

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 indicate support or opposition)

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 for 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.

Becky Ruth
Committee Treasurer

Becky Ruth
Candidate (Candidate Committees Only)