



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

Office Use: **DEC 15, 2022**  
**Rec'd by email**

**Statement of Committee Organization**

**1. Statement Information:**

Date: 12/15/2022  
Type:  New  Amended (if amending, enter MEC ID A222645 & section changed 2, 3 & 6)

**2. Committee Information:**

Olson For The People  
Name of Committee  
PO Box 144 - (PO Box # Changed ONLY) ( )  
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) PO Box 144  
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) PO Box 144  
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

**AMENDMENT**

**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):**

PO Box 144 ( ) ( )  
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.  
[Signature] \_\_\_\_\_  
Committee Officer Candidate (Candidate Committees Only)