C180125

Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

Office Use: MO Ethics Commission
JAN 23 2023
Rec'd by email

1. **Statement Information**

Date: 01/20/2023

Type: ☐ New ■ Amended (if amending, enter MEC ID C180125 & section changed _____)

2. **Committee Information**

McGirl for State Rep
Name of Committee

P.O. Box 425, Potosi, MO 63664
Committee Mailing Address, City, State, & Zip

(573) 210-1040
Telephone Number

Official Committee Email Address

Washington 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**

Diane L McGirl
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

P.O. Box 425, Potosi, MO 63664
Treasurer's Mailing Address, City, State, & Zip

(573) 210-4515
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)**

6. **Candidate Supported or Opposed (candidate committees must include self, if candidate)**

Michael McGirl, PO Box 425, Potosi, MO 63664
Name & Mailing Address, City, State & Zip of Candidate

(573) 210-1040
Telephone Number (Candidate Committees Only)

(___)_____

08/06/2024	State Representative	Republican	
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.

Committee Treasurer

Candidate (Candidate Committees Only)

Amendment