



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

C141099

MO Ethics Commission

Office Use:
JAN 31 2023

Rec'd by email

Statement of Committee Organization

1. Statement Information

Date: 1/25/2023

Type: New Amended (if amending, enter MEC ID **C141099** & section changed **6**)

2. Committee Information

Citizens to Elect Mark Harder

Name of Committee

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)

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)

Amendment

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)

08/06/2024

MO senate dist.15

Election Date

Office Sought & Political Subdivision

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

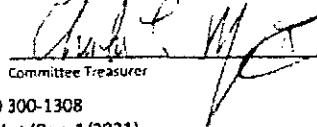
Name of Ballot Measure

Election Date & Political Subdivision

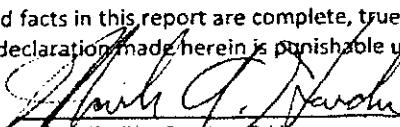
Support or Oppose

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

MO 300-1308
Packet (Rev. 1/2021)


Candidate (Candidate Committees Only)