



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

Missouri Ethics Commission
 Office Use
APR 12 2023
 Received by Fax

Statement of Committee Organization

1. Statement Information

Date: 4/11/23
 Type: New Amended (if amending, enter MEC ID C161051 & section changed 6)

2. Committee Information

Name of Committee: MISSOURIANS FOR CODY SMITH
 Committee Mailing Address, City, State, & Zip: 201 W 3RD, CARTHAGE MO, 64836
 Telephone Number: (417) 291-0200

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): _____
 Treasurer's Mailing Address, City, State, & Zip: _____
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: _____
 Treasurer's Work Telephone Number: _____
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Email Address (optional): _____
 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 include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: DAVID CODY SMITH
 Telephone Number (Candidate Committees Only): (417) 291-0200
 Election Date: 2024 Office Sought & Political Subdivision: STATE TREASURER
 Political Party: REPUBLICAN Support or Oppose: SUPPORT

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): _____