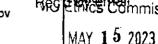
MO Ethics Commission

MAY 15 2023



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

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



	-412-	_	
1.	Statement information		
	Date: 3/15/23	407	2 and 2
_	Type: ☐ New ☐ Amended (if amending, enter MEC ID C201	497 & section ch	anged 2 and 3
2.	Committee Information:		
	Name of Committee	<u> </u>	
			()
	Committee Mailing Address, City, State, S. Zip		Telephone Number
	Official Committee Email Address	County Clerk, Board of Election Commissions	ers, or Federal PAC/Out of State Committee
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P	AC) 🛘 Debt Service 🗘 Expl	oratory
3.	If easurer (Deputy (Teasurer Information 2017)		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	1 1
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Danielle Mangogna		
	Deputy Treasurer's Name (If one appointed) 1010 St. Charles Street #701 St. Louis MO 63101	Deputy Treasurer's Email Address (optional) / 314 \ 302.6199	,
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep, Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
1	Additional Committee Information has been a second		
7.	Description of the Control Con		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip
	Connected Organization's Name (If any)	Connected Organization's Mailing Address, C	Dity, 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)		
		Δ	mendment
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
5.	Candidate Supported or Opposed (candidate committees must)	include self, if candidate) 😂	
	No. 2 Addition Clay Carlo 2 To affect date	Telephone Number (Candidate Committees	(Inhi)
	Name & Mailing Address, City, State & Zip of Candidate	recommendate commercia	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported on Opposed (campaign committees in	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
•		A CONTRACT AND SHAPE SHAPE STATE OF THE CONTRACT OF THE CONTRA	
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I archer acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	VIIa care	•	•
	Committee Treasurer	Candidate (Candidate Committees Only)	<u> </u>

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

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