

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

Statement of Committee Organization

Misso	ruri Etnics Commiss Office Use:			
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1.	Statement Information				
	Date: 5/10/2023	n UCS			
2	Type: X New ☐ Amended (if amending, enter MEC ID C23	& section ch	nanged)		
2.	CHRISMER FOR GOOD BOVERD MENT				
	Name of Committee		,		
	25 BANKWOOD TRAIL DEVE, ST PETER	s, ma <u>63376</u>	636-441-6219		
	Committee Mailing Address, City, State, & Zio		636-441 -6219		
	Ornicial Committee Émail Address	County Clerk, Board of Election Commission	ners, or Federal PAC/Out of State Committee		
	Committee Type: $\ \square$ Campaign $\ \emph{M}$ Candidate $\ \square$ Continuing (F	PAC) 🗌 Debt Service 🗎 Exp	loratory 🔲 Political Party		
3.	reasurer/Deputy Treasurer Information				
	RONALD PUSZKAR	-	· • • • • • • • • • • • • • • • • • • •		
	Treasurer's Name (First & Last) ST CHAPLES; MO	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 Tolephone Number		
4	Additional Committee Information				
4.	Haddiding Committee information				
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Add	dress, 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:		back) 🗶 No		
5.	Official Bank Account Information (required by all committees)				
۶.	Candidate Supported or Opposed (candidate committees must	RESURNEDED LE RECLUMENTARIA			
0.	Rich Chrismer		<u> </u>		
	Name & Mailing Address, City, State & Zip of Candidate	(<u>636) 44 1-6219</u> Telephone Number (Candidate Committee	_ \		
	8/6/24 Senate 23	republican	Support		
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose		
7.	Ballot Measure Supported or Opposed (campaign committées n	nust complete this section)	And the second		
_	Name of Bailot Measure	Election Date & Political Subdivision	Support or Oppose		
8.	gnature(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 rther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.				
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