



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

C000596

Missouri Ethics Commission
 Office Use:
JUL 19 2023
 rec'd by email

1. Statement Information

Date: 7-19-2023
 Type: New Amended (if amending, enter MEC ID C000596 & section changed _____)

2. Committee Information

Missouri Nurses Association Political Action Committee
 Name of Committee
3340 American Ave, STE F (573) 636-4623
 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

Sarah Oerther
 Treasurer's Name (First & Last) 200 Lovers lane Rolla, MO 65401
 Treasurer's Mailing Address, City, State, & Zip
JACK Seigel
 Deputy Treasurer's Name (if one appointed)
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
573 465-8319 _____
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Treasurer's Email Address (optional) _____
573 636-4623 _____
 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Jill Kliethermes, Executive Director
 Additional Committee Officer's Name & Title (if any) 3340 American Ave., STE F Jefferson City, MO 65109
 Additional Committee Officer's Mailing Address, City, State, & Zip
Missouri Nurses Association
3340 American Ave., STE F Jefferson City, MO 65109
 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)

None

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) _____
Amendment
 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.

Sarah Oerther _____ Jill Kliethermes _____
 Committee Treasurer Candidate (Candidate Committees Only)