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Missouri Ethics Commission

Missouri Ethics Commission (MEC)

SEP 05-12023e:

Fleceived by Fax



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

	11154		·
1.	Statement Information		
	Date: 8/31/2023		2/1
	Type: New Amended (if amending, enter MECID C23	8. section ch	anged 3 +4
2.	Committee Information		
	Friends of Haul Stratman Name of Committee 962 County RD # 521	1	
	962 County RD# 521	Freeburg 140693	515731 619-6192
	Committee Mailing Address, City, State, & Zip	0	Telephone Number
	Official Committee Email Address	County Clerk, Board of Election Commissione	ers. or Federal PAC/Out of State Committee
	Committee Type: ☐ Campaign ② Candidate ☐ Continuing (P.	•	
3.	Treasurer/Deputy Treasurer information		
	Ashley Perry		4x.
	2349 Hishuny 50 E. Lin, Mob 9051	Treasurer's Email Address (optional)	
	Treasurer's Mailing Address, City, State, & Zip	(573) 680 - 5282 Treasurer's Home Telephone Number	Treisurer's Wark Telephone Number
	Allen Cradel		
	P.O. Box 121 Freeburg Mo65035	Deputy Treasurer's Email Address (optional)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	(513) 690 - 2908 Dep. Treasurer's Home Telephone Number	Deg . Treasurer's Work Telephone Number
4.	Additional Committee Information		
⊸.	Micki BAX	Pa. Rov 74	Freebung Mo 693
	Additional Committee Addition of the well Table (Known)	Additional Committee Officer's Mailing Addr	
	Ampaign Manager		
	Connected Organization's Name (If any)	Connected Organization's Mailing Address, C	· · · · · · · · · · · · · · · · · · ·
5.	CANDIDATES: Do you have more than one candidate committee?		
	Name & Mailing Address, City, State, & Zip of Financial institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committées must	include self, if candidate)	
	Paul C. Stratman	(573) 619-6192	()
	Name & Mailing address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	SUMMONT
	Election Date Office Sought & Political Subdivision	Political Party	Sulpart or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section) (
	·		
	Name of Bailot Measure	Election Date & Political Subdivision	Support or Oppose
В.	Signature(s) - Check certification(s) & sign (required by all comm		
If affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate, further acknowledge, that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RS			
	in	D 14 St	annoic direct cit; 3/3 (/3)/io:
	Committee Treasurer	Candidate (Candidate Committees Only)	
	V /	**	

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