

C000959



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

MO Ethics Commission
Office Usage 2023
Rec'd by email

1. Statement Information

Date: 10/2/2023

Type: [] New [x] Amended (if amending, enter MEC ID C000959 & section changed 2,3,4)

2. Committee Information

Missouri Libertarian Party

Name of Committee

125 Royal Avenue, St. Louis, MO 63135

Committee Mailing Address, City, State, & Zip

(314) 991-7740

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 [x] Political Party

3. Treasurer/Deputy Treasurer Information

Nick Kasoff

Treasurer's Name (First & Last)

125 Royal Avenue, St. Louis MO 63135

Treasurer's Mailing Address, City, State, & Zip

None

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 991-7740

Treasurer's Home Telephone Number

(314) 991-7740

Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Dustin Coffell, Chair

Additional Committee Officer's Name & Title (if any)

12621 Missouri Bottom Rd Hazelwood MO 63042

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) [x] 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

() Telephone Number (Candidate Committees Only)

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)

[x] 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.

[Signature]
Committee Treasurer

Candidate (Candidate Committees Only)