

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 Use:

		<u> </u>	- y cilia
1.	Statement Information		THE STATE OF THE STATE OF
	Date: 6/1/2023	a war as in.	6 - address &
	Type: ☐ New ■ Amended (if amending, enter MEC TO C21	1706 & section	changed election date
2.	Committee Information		
	Friends of Melanie Stinnett		
	Name of Committee		
			()
	Committee Mailing Address, City, State, & Zip		Telephone Number
	Official Committee Email Address		sioners, or Federal PAC/Out of State Committee
	Committee Type: Campaign Candidate Continuing (•
	Treasurer/Deputy Treasurer Information		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
		1 (\(\sigma\)	_ ()
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Now for The street of Alexandria		
	Deputy Treesurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	nal}
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numb	()
	• • • • • •	oup, residiet a notice releptione rullio	er Dep. Treasurer's Work Telephone Numi
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing A	ddress, City, State, & Zip
	Connected Organization's Name (if any)		
	· "	Connected Organization's Mailing Addres	•
	CANDIDATES: Do you have more than one candidate committee	→ Yes (refer to instructions or a second contract or a second contr	n back) 🗆 No
).	Official Bank Account Information (required by all committees)		
	Name & Malling Address, City, State, & Zip of Financial Institution	Account Name	Accolent Number
	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	CANADA NO PARA
	Melanie Stinnett, 3928 S Meadowbrook Ave, Springfield, MO 65807	(417)693-2327	/
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committe	Hes Only)
	August 6, 2024 State Representative, District 133	Republican	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
	Ballot Measure Supported or Opposed (campaign committees must complete this section)		
	fame of Ballot Measure	Election Date & Political Subdivision	Support of Oppose
	Signaturales - Charle corrificationals & sign transition the sur-	<u>·</u>	
1	gnature(s) – Check certification(s) & sign (required by all committee)		
	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.		
ĺ	of their acknowledge that I am aware that any raise statement or (reciaration made herein is pu	inishable under Ch. 575 RSMo.
_	Wittenstather	IMMUS DIVING	
ć	Committee Treasurer	Candidate (Candidate Committees Only)	