

C131072



Missouri Ethics Commission (MEC)
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MO Ethics Commission
Office Use
OCT 25 2023
Rec'd by email

Statement of Committee Organization

C131072

1. **Statement Information**

Date: 10/24/2023

Type: New Amended (if amending, enter MEC ID C131072 & section changed 6)

2. **Committee Information**

Order for Missouri

Name of Committee

4015 S. Highway 94, Augusta, MO 63332 (314) 569-0570

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**

Treasurer's Name (First & Last)

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 Telephone Number

Amendment

4. **Additional Committee Information**

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

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) 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)**

Robert (Bob) Order

(314) 569-0570

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

August 2024 Lieutenant Governor

Republican

Support

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.

Committee Treasurer

Candidate (Candidate Committees Only)

Allison Order
Deputy Treasurer