

C191021



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

OCT 30 2023

Rec'd by email

1. **Statement Information**
 Date: 10/30/2023
 Type: ☐ New ☒ Amended (if amending, enter MEC ID C191021 & section changed 2, 3, 5, 6)

2. **Committee Information**
Steinmeyer for Missouri
 Name of Committee
12222 E. Silver Lane, Sugar Creek, MO 64054 (816) 557-8888
 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**
MICHAEL STEINMEYER
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)
12222 E. Silver Lane, Sugar Creek, MO 64054 (816) 557-8888
 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

4. **Additional Committee Information**
 Additional Committee Officer's Name & Title (if any) Additional Committee Officer's Mailing Address, City, State, & Zip
Amendment
 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)
6. **Candidate Supported or Opposed** (candidate committees must include self, if candidate)
MICHAEL STEINMEYER 12222 E. Silver Lane, Sugar Creek, MO 64054 (816) 557-8888
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
08-06-2024 STATE Representative Dist. 20 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. **Signatures** - 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