C211707

MISSOURI ETHICS COMMISSION

Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Office Use: NOV 09 2023 HAND DELIVERED

1. **Statement Information**

Date: 11-9-23

Type: ☐ New ☑ Amended (if amending, enter MEC ID C211707 & section changed _____)

2. **Committee Information**

Name of Committee

865-B Logan St. Rogersville MO 65742 — Committee Mailing Address, City, State, & Zip

(417)425-6841 — 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**

Darin Chappell — Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

Commitee address — 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

Connected Organization's Name (if any)

Amendment — 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)**

Darin Chappell — Name & Mailing Address, City, State & Zip of Candidate

(____)_____ Telephone Number (Candidate Committees Only) (____)_____

August 2024 — Election Date

HD 137 — 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)

MO 300-1308
Packet (Rev. 1/2021)