

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

## Statement of Committee Organization

Rec'd by email

-	1. Statement Information	Andrew Contraction and the Contraction of the Contr	
	Date: 100 10,2023	221925	41-
2		221925 & section ch	nanged)
_			
	Name of Committee	au Jo Pet	<u>e</u> s
	P.O. Box 1482 Roll	a, MO 65402	E-12 - 1 - 1207
	Conta 9. 7in	&1.40 W370Z	(573) 724-7383 Telephone Number
	Omuai committee Briail Address	***************************************	
		County Clerk, Board of Election Commissione	ers, or Federal PAC/Out of State Committee
3.	, , , , , , , , , , , , , , , , , , ,	PAC) 🗆 Debt Service 🗀 Expl	oratory
٥.	Treasurer/Deputy Treasurer Information	in the state of the second constraints.	A BANK STORY
	Treasurer's Name (First & Last)		
		Treasurer's Email Address (optional)	
	Treasurer's Malling Address, City, State, & Zip  Laura Jones	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Laura Jones Deputy Treasurer's Name (If one appointed)		A supplied to Millings
	206 Brookridge Dr Rolla Mo 18401	Deputy Treasurer's garan Address topological	-
	Deputy Treasurer's Mailing Address, City, State, & Zip	513) 201-710 4 Dep. Treasurer's Home Telephone Number	(573) 201-7104
4.	Additional Committee Information	The second secon	Dep. Treasurer's Work Telephone Number
		Control of the Contro	
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addres	c Clar Ca.3. 0 or
	Connected Organization's Name (if any)		mäment
		Connected Organization's Mailing Address, City	, State, & Zlp
5.	CANDIDATES: Do you have more than one candidate committee?  Official Bank Account Information frequired by all accounts to the committee?	$\square$ Yes (refer to instructions on ba	ick) 🗆 No
	Official Bank Account Information (required by all committees)	A Maria Mari	
i	Name & Malling Address, City, State, & Zip of Financial Institution		
		Account Name	Account Number
-411	Candidate Supported or Opposed (candidate committees must in	clude self, if candidate)	
,	Jame & Mailing Address, City, State & Zip of Candidate Rolla, Mo 65402,	(213) 124-7383 Telephone Number (Candidate Committees Only	
-	muy 6 2014 State Representative	Republican	Simal
		Political Party Si	upport or Oppose
7. Ballot Measure Supported or Opposed (campaign committees must complete this section)			
440			
	ame of Ballot Measure	lection Date & Political Subdivision Su	ipport or Oppose
5. <u>L</u>	ignature(s) - Check certification(s) & sign (required by all committ	ees) אי	
fı	I affirm and attest under penalty of perjury that information and further acknowledge that I am aware that any false statement or doe	acts in this report are complete	true, and accurate
·· 16	irther acknowledge that I am aware that any false statement or dec	laration made herein is punisha	able under Ch. 575 RSMo.
	MAN	Acres.	) Oster
	mmiliee TreasureY	ndidate (Candidate Committees Only)	- T-

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