



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 DEC 5 2023

Rec'd by email

1. **Statement Information**
Date: 11/22/23
Type: ☐ New ☒ Amended (If amending, enter MEC ID C232601 & section changed 3)

2. **Committee Information**
Carthage Citizens United
Name of Committee
221 W 4th St - Suite 9
Committee Mailing Address, City, State, & Zip
Carthage Citizens United
Official Committee Email Address
Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party
Telephone Number (417) 358-3369
Charles Davis
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

3. **Treasurer/Deputy Treasurer Information**
George Goff
Treasurer's Name (First & Last)
1162 Grand Ave
Treasurer's Mailing Address, City, State, & Zip
no change
Deputy Treasurer's Name (if one appointed)
Deputy Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
573 690-9315
Treasurer's Home Telephone Number
Treasurer's Work Telephone Number
Deputy Treasurer's Email Address (optional)
Dep. Treasurer's Home Telephone Number
Dep. Treasurer's Work Telephone Number

4. **Additional Committee Information**
Additional Committee Officer's Name & Title (if any)
Connected Organization's Name (if any)
Additional Committee Officer's Mailing Address, City, State, & Zip
Connected Organization's Mailing Address, City, State, & Zip
Amendment

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)**
Name & Mailing Address, City, State & Zip of Candidate
Telephone Number (Candidate Committees Only)
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)