

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

Statement of Committee Organization

Missou	Missoyri Ethics Commission			
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1.	Statement Information Date: 2/1/2024				
	ype: ■ New □ Amended (if amending, enter MEC ID <u>CQUATIY</u> & section changed				
2.		a section that	ingeu)		
	Name of Committee 11939 Manchester Road Suite 317 Des Peres, MO	63131	(314) 966-5060		
	Committee Mailing Address, City, State, & Zip	St Louis County	Telephone Number		
	Official Committee Email Address Committee Type: □ Campaign ■ Candidate □ Continuing (P	County Clerk, Board of Election Commissioner			
3.	ommittee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party reasurer/Deputy Treasurer Information				
٠.	Henry Charles Puls				
	Treasurer's Name (First & Last) 2207 Stoneridge Terrace Court Chesterfield, MO 63017	Treasurer's Email Address (optional)	(573)382-9270		
	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)	e Officer's Name & Title (if any) Additional Committee Officer's Mailing Address, City, St.			
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Cit	ty, State, & Zip		
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on b	ack) 🗆 No		
5.	Official Bank Account Information (required by all committees)				
6.	Candidate Supported or Opposed (candidate committees must i	include self. if candidate)			
•	David Wasinger 2 Huntleigh Woods St. Louis, MO 63131	(314)249-5860			
	Name & Malling Address, City, State & Zip of Candidate 8/6/2024 Statewide Office	Telephone Number (Candidate Committees Or	**		
	Election Date Office Sought & Political Subdivision	Republican Political Party	Support or Oppose		
7.	Ballot Measure Supported or Opposed (campaign committees m	•	Support of Oppose		
•					
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose		
8.	Signature(s) — Check certification(s) & sign (required by all comm	littees)			
,	I affirm and attest under penalty of perjury that information and further acknowledge that I am aware that any false statement or d	d facts in this report are completeclaration made herein is punis	ste, true, and accurate. I Shable under Ch. 575 RSMo.		
мо	300-1308 et (Rev. 1/2021)	and save (candidate committees only)	Page 1 of 3		