

C242714

FEB 22 2024



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 by email

1. Statement Information

Date: 2/22/2024

Type: [] New [x] Amended (if amending, enter MEC ID C242714 & section changed Office sought)

2. Committee Information

WASINGER FOR MISSOURI

Name of Committee

11939 Manchester Road Suite 317 Des Peres, MO 63131

Committee Mailing Address, City, State, & Zip

(314) 966-5060

Telephone Number

Official Committee Email Address

St Louis County

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: [] Campaign [x] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Henry Charles Puls

Treasurer's Name (First & Last)

2207 Stoneridge Terrace Court Chesterfield, MO 63017

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

() Treasurer's Home Telephone Number

(573) 382-9270 Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

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)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

Amendment

CANDIDATES: Do you have more than one candidate committee? [] Yes (refer to instructions on back) [x] No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

David Wasinger 2 Huntleigh Woods St. Louis, MO 63131

Name & Mailing Address, City, State & Zip of Candidate

(314) 249-5860

Telephone Number (Candidate Committees Only)

8/6/2024

Election Date

Lieutenant Governor

Office Sought & Political Subdivision

Republican

Political Party

Support

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)

[x] 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)

Handwritten mark