

C232534

MO Ethics Commission

FEB 22 2024

Rec'd by email



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-528-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Office Use:

1. Statement Information
Date: 2/22/2024

Type: [ ] New [x] Amended (If amending, enter MEC ID C232534 & section changed 2)

2. Committee Information
Citizens to Elect Eric D. Morrison

Name of Committee

Committee Mailing Address, City, State, & Zip Telephone Number

Office of Committee Email Address 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

Treasurer's Name (First & Last) Treasurer's Email Address (optional)

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

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)

Name & Mailing Address, City, State, & Zip of Financial Institution Exploratory Committee to Elect Eric Morrison

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)

[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.

Loleeta Ford [Signature]
Committee Treasurer Candidate (Candidate Committees Only)
2/22/24