

C151102

FEB 23 2024

Rec'd by email



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

1/15/2023

1. Committee Information
Date: 8/30/2023
Type: [] New [x] Amended (if amending, enter MEC ID C151102 & section changed 2)

2. Committee Information
Eigel for Missouri
Name of Committee
Committee Mailing Address, City, State, & Zip
Official Committee E-mail 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 E-mail 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 E-mail Address (optional)
Deputy Treasurer's Mailing Address, City, State, & Zip
Dep. Treasurer's Home Telephone Number
Dep. Treasurer's Work Telephone Number

Amendment

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
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 (X) Check certification (X) False (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.

Handwritten signature of Howard R. ...

Handwritten signature and date

Handwritten mark