



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

0242750

MO Ethics Commission

FEB 28 2024

Rec'd by email

Office Use:

Statement of Committee Organization

1. Statement Information

Date: 02/28/2024
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Name of Committee: New Madrid County Conservatives
 Committee Mailing Address, City, State, & Zip: 362 East State Hwy M Portageville, MO 63873
 Telephone Number: (573) 379-6997
 County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee: Amy Brown County Clerk
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Eugene W. Myracle
 Treasurer's Mailing Address, City, State, & Zip: 362 East State Hwy M Portageville, MO 63873
 Treasurer's Home Telephone Number: (573) 379-6997
 Treasurer's Work Telephone Number: (573) 379-6997 (cell)
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 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): Lori Brotherton Committee Chair
 Additional Committee Officer's Mailing Address, City, State, & Zip: 830 Saint Anne New Madrid MO 63869
 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) No

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

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.
 Signature: Eugene W. Myracle
 Committee Treasurer: _____ Candidate (Candidate Committees Only): _____