



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

APR 12 2024  
Office Use:  
Rec'd by email

### Statement of Committee Organization

**1. Statement Information**

Date: 4/12/2024

Type:  New  Amended (if amending, enter MEC ID C180168 & section changed 2 and 6)

**2. Committee Information**

Name of Committee  
131 W High Street, PO BOX 1409, Jefferson City, MO 65102  
Committee Mailing Address, City, State, & Zip Telephone Number

Official Committee Email Address County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee  
Committee Type:  Campaign  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)  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)**

131 W High Street, PO BOX 1409, Jefferson City, MO 65102  
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]  
Committee Treasurer

[Signature]  
Candidate (Candidate Committees Only)