

C180057



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

MO Ethics Commission Office Use:
AUG 12 2024

1. Statement Information

Date:
Type: [] New [] Amended (if amending, enter MEC ID & section changed)

2. Committee Information

Name of Committee
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

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) [] 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)

LaKeySha Bosley
Name & Mailing Address, City, State & Zip of Candidate
Election Date
State Representative
Office Sought & Political Subdivision
Telephone Number (Candidate Committees Only)
Democratic
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.

Ashley Clemon
Committee Treasurer

LaKeySha Bosley
Candidate (Candidate Committees Only)