

C091129



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

MO Ethics Commission

Office Use:
AUG 05 2024
Rec'd by email

Statement of Committee Organization

1. Statement Information

Date: 07/30/2024
Type: New Amended (if amending, enter MEC ID C091129 & section changed 6)

2. Committee Information

Parson for Missouri
Name of Committee
PO Box 1004 Bolivar, MO 65613
Committee Mailing Address, City, State, & Zip
(417) 327-5218
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

Rachel Lightfoot
Treasurer's Name (First & Last)
1823 E 332nd Rd Polk, MO 65727
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional) _____
(417) 327-5218 (417) 327-5218
Treasurer's Home Telephone Number Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed) _____
Deputy Treasurer's Email Address (optional) _____
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Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any) Amendment 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)

Michael Parson 1458 E 464th Rd Bolivar, MO 65613 (417) 327-5218 ()
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
August 2026 Statewide Republican Support
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.
Rachel Lightfoot _____ Michael Parson _____
Committee Treasurer Candidate (Candidate Committees Only)