C141066

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 19 2024
Rec'd by email

1. Statement Information

Date: 08/19/2024

Type: ☐ New ☒ Amended (if amending, enter MEC ID C141066 & section changed 6)

2. Committee Information

Beard For House of Representatives
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, [illegible] **Amendment** — ( ) 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. [illegible]

Name & Mailing Address, City, State, & Zip of Financial Institution — Account Name — Account Number

6. [illegible]

Name & Mailing Address, City, State & Zip of Candidate — ( ) Telephone Number [illegible] — ( )

~~08/01/2028~~
Election Date 08/08/2028 — Office Sought & Political Subdivision — Political Party — Support or Oppose

7. Ballot Measure Supported or Opposed [illegible]

Name of Ballot Measure — Election Date & Political Subdivision — Support or Oppose

8. Signature(s) - Check certification (1) & 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)

MO 300-1308
Packet (Rev. 1/2017)