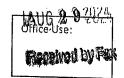




## Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

## **Statement of Committee Organization**



1	Statement Information: State 08-15-2024		
	Type:  New  Amended (if amending, enter MEC ID C14		nanged 2,6
2	Committee Information  Montee For Missouri		
	Name of Controlittee 1025 N. 22nd St. Joseph, MO 64506		(816)387-1630
	Committee Mailing Address, City, State, & Zíp		Telephone Number
	Official Committee Email Address		ers, or Federal PAC/Out of State Cornmittee
3,	Committee Type:		
	Treasurer's Name (First & Last)	é Treasurer's Email Address (optional)	· · · · · · · · · · · · · · · · · · ·
	Treasurer's Mailing Address, City, State, & Zip	rjadurer'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		
	- Control of the Cont	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	
5.	CANDIDATES: Do you have more than one candidate committee?  Official Bank Account Information (required by all committees)	Yes (refer to instructions on b	pack) 🗆 No
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must in Susan Montee 1025 N. 22nd St. Joseph, MO 64506		Secretary of the second
	Name & Mailing Address, City, State & Zip of Candidate	(816) 387-1630 Telephone Number (Candidate Committees C	
	08/2028 Statewide Office	Democrat	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
i	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
	ignature(s) — Check certification(s) & sign (required by all committees)		
[ f	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I rther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	andlede	Mengles	Olympia di del di di di Notalia d
	ommittee / h-asurer         ( 00-13@2	Candidate (Candidate Committees Only)	

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