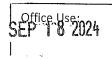
## MISSOURI ETHICS COMMISSION



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

## **Statement of Committee Organization**



HAND DELIVERED

1.	Statement Information  Date: 9/18/24		
	Type: $\square$ New $\square$ Amended (if amending, enter MEC ID $C243$	3089 & section cha	nged 2 & 5
2.	Committee Information > Southwest Conservative PAC		
	PO Box 222, Jefferson City, MO 65102		(573)616-1845
	Committee Mailing Address, City, State, & Zip	Steve Korsemeyer,	Telephone Number Cole County
	Official Committee Email Address	County Clerk, Board of Election Commissioner	
	Committee Type: ☐ Campaign ☐ Candidate ■ Continuing (P.	AC) 🗆 Debt Service 🗆 Explo	ratory
3.	Treasurer/Deputy Treasurer Information		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	Treasurer's Mailling Address, City, State, & Zip Anendra	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 Addre	ss, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Cl	ty, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on b	pack) 🗆 No
ō.	Official Bank Account Information (required by all committees)		
ā.			
· ·	Candidate Supported or Opposed (candidate committees must, i	ndude sen, ir candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	() only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	ignature(s) – Check certification(s) & sign (required by all committees)		
	I affirm and attest under penalty of perjury that information and further acknowledge that I am aware that any false statement or definition.		