

C232668



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

Office User
OCT 23 2024
HAND DELIVERED

Statement of Committee Organization

1. Statement Information

Date: 10/23/2024
Type: New Amended (if amending, enter MEC ID C232668 & section changed 2, 5)

2. Committee Information

Name of Committee: Capital City United FOR GOOD GOVERNMENT
Committee Mailing Address, City, State, & Zip: P.O. BOX 104572
Telephone Number: (573) 283-8669

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: (____) _____

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)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: _____
Telephone Number (Candidate Committees Only): (____) _____
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.

[Signature]
Committee Treasurer
Candidate (Candidate Committees Only)