

C232668



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

DEC 16 2024
HAND DELIVERED

Statement of Committee Organization

1. Statement Information

Date: 12/16/24
Type: New Amended (if amending, enter MEC ID C232668 & section changed 3)

2. Committee Information

Capital City United for Good Government
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

Martha Harris
Treasurer's Name (First & Last)
1217 Elmerine Avenue, Jefferson City, MO. 65101
Treasurer's Mailing Address, City, State, & Zip
(573) 694-1106
Treasurer's Home Telephone Number
()
Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed)
Deputy Treasurer's Email Address (optional)
()
Dep. Treasurer's Home Telephone Number
()
Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

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Additional Committee Officer's Name & Title (if any)
()
Additional Committee Officer's Mailing Address, City, State, & Zip
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Connected Organization's Name (if any)
()
Connected Organization's Mailing Address, City, State, & Zip

AMENDMENT

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)

()
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.
Martha Harris
Committee Treasurer
()
Candidate (Candidate Committees Only)

