

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

## **Statement of Committee Organization**

Received by me email

1.	Statement information Date: 01/30/2025		
	Type: ☐ New ☐ Amended (if amending, enter MEC ID C09	1068 & section cha	anged 2- Email/Phone 3-Deputy Treasurer
2.	Committee Information		
	House Republican Campaign Committee, Inc.		
	Name of Committee		===0 0.40 4000
	PO Box 1313, Jefferson City, MO 65102-1313		(573) 318-4282
	Committee Mailing Address, City, State, & Zip		Telephone Number
	Official Committee Email Address	County Clark, Board of Election Commissione	rs, or Federal PAC/Out of State Committee
	Committee Type: ☐ Campaign ☐ Candidate ■ Continuing (	PAC)   Debt Service   Explo	oratory
3.	iveasurer/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
	George Husted  Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (optional)	
	PO Box 21714, St. Louis, MO 63109	/ /	7573 \ 318-4282
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
Л	Additional Committee Information, 1	Programme State of the State of	The state of the s
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	Additional Committee Officer's Name & Title (If any)	Additional Committee Officer's Mailing Addr	ess. City. State. & 7io
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	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity, 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)	The state of the s	
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must		
		/	
	Name & Malling Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	(/
	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 Bailot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) - Check certification(s) & sign (required by all com	mittees)	
	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		
	Committee Treasurer	Candidate (Candidate Committees Only)	

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