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

## **Statement of Committee Organization**



•			PLLIVERED	
1. Statement Informatio	on .		ella fig. ac. if is the in the inter-	
Date: 02/06/2025		_		
Type: 🗏 New 🗌 Amended (if amending, enter MEC ID		& section	changed	
And the second s	on te Representative			
Name of Committee	te riepresentative			
1140 Boonville Road Jefferson City, MO. 65109		9	<sub>(</sub> 573 <sub>)</sub> 353-6937	
Committee Mailing Address, City, State, & Zip		0-1-0-1-0-1	Telephone Number	
Official Committee Email Address	•	Cole County Clerk		
	Campaign ■ Candidate □ Continuine		ioners, or Federal PAC/Out of State Committee	
	asurer information		structure of the struct	
Brian Maasen			And the second s	
Treasurer's Name (First & Last)		Treasurer's Email Address (optional)		
2411 Industrial Dr. Jefferson City, Mo 65109		()	<u> 1573 893-9115</u>	
Treasurer's Mailing Address, City, St Todd Miller	ate, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number	
Deputy Treasurer's Name (if one ap	pointed)	Deputy Treasurer's Email Address (option	aal)	
1305 Southwest B	lvd. A Jefferson City, Mo 65109	( )	<sub>(</sub> 573 <sub>)</sub> 634-2838	
Deputy Treasurer's Mailing Address	, City, State, & Zip	Dep. Treasurer's Home Telephone Number	er Dep. Treasurer's Work Telephone Numb	
Additional Committee	Information			
Additional Committee Officer's Nam	Q. P. Title (if any)			
Additional Committee Officer 9 (William	E a The (ii dily)	Additional Committee Officer's Mailing Ad	adress, City, State, & Zip	
Connected Organization's Name (if any)		Connected Organization's Mailing Address, City, State, & Zip		
CANDIDATES: Do you h	ave more than one candidate committe	e? 🗆 Yes (refer to instructions o	n back) 🔲 No	
Official Bank Account I	nformation (required by all committees			
- , ,, .,				
	r Opposed (candidate committees mus	<u> </u>		
Scott Spencer 1140 Boonville Road Jefferson City, MO. 65109		(573)353-6937	()	
Name & Mailing Address, City, State on Name & Mailing Address, City, State on Name & Mailing & M	≤ zip or Candidate Stale Representative/Missouri Dirstric 60	Telephone Number (Candidate Committee Republican	s Only) Support	
lection Date	Office Sought & Political Subdivision	Political Party	Support or Oppose	
Ballot Measure Support	ed or Opposed (campaign committees	must complete this section)		
lame of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
Signature(s) – Check cer	tification(s) & sign (required by all com	imittees)	The state of the s	
	der penalty of perjury-that information a	the same of the sa	olete, true, and accurate	
urther acknowledge tha	t I am aware that any false statement or	r declaration made herein is pu	nishable under Ch. 575 RSMo.	
KIAN MAA	SRN	G.450	de minules	

MO 300-1308 Packet (Rev. 1/2021)