



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use **AUG 25 2020**

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 8/26/2020
Type: New Amended (if amending, enter MEC ID C071094 & section changed 3)

2. Committee Information

Name of Committee: Missouri Senate Campaign Committee
Committee Mailing Address, City, State, & Zip: PO Box 754 Jefferson City, MO 65102
Telephone Number: (573) 635-6196
County: Cole County
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Official Committee Email Address: _____
Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Ronald F Richard
Treasurer's Mailing Address, City, State, & Zip: 3611 Notting Hill Circle Joplin, MO 64804
Treasurer's Email Address (optional): _____
Treasurer's Home Telephone Number: () Treasurer's Work Telephone Number: (417) 850-9318
Deputy Treasurer's Name (if one appointed): _____
Deputy Treasurer's Mailing Address, City, State, & Zip: _____
Deputy Treasurer's Email Address (optional): _____
Dep. Treasurer's Home Telephone Number: () Dep. Treasurer's Work Telephone Number: ()

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): Amendment
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)

Name & Mailing Address, City, State, & Zip: _____

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.

Committee Treasurer: Ronald Richard Candidate (Candidate Committees Only): _____