

C141099



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

Missouri Ethics Commission

 Office Use:
FEB 10 2025

Received by Email

1. Statement InformationDate: 01/29/2025Type: New Amended (if amending, enter MEC ID C141099& section changed 2**2. Committee Information**

Citizens to Elect Mark Harder

Name of Committee

542 Lering Ct., Ballwin, MO 63011

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**

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)

()
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)**

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)

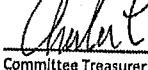
Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

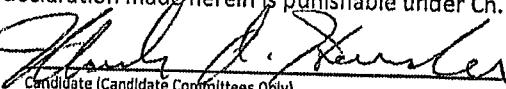
8. Signature(s) - Check certification(s) & sign (required by all committees)

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.


 Committee Treasurer

MO 300-1308

Packet (Rev. 1/2021)


 Candidate (Candidate Committees Only)