

C242786

Missouri Ethics Commission

FEB 19 2025

Received by Mail



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Office Use:

1. Statement Information

Date: 2-13-2025Type: ☐ New ☒ Amended (if amending, enter MEC ID C242786 & section changed 3 & 6)

2. Committee Information

Name of Committee: Committee to Elect Tony HarrisonCommittee Mailing Address, City, State, & Zip: 12696 Hwy E Arcadia MO 63621Telephone 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): Jan HarrisonTreasurer's Mailing Address, City, State, & Zip: 12696 Hwy E Arcadia MO 63621

Treasurer's Email Address (optional): _____

Treasurer's Home Telephone Number: (573) 546 3877Treasurer's Work Telephone Number: (573) 915 0245ADD: Timothy Harrison

Deputy Treasurer's Name (if one appointed): _____

Deputy Treasurer's Mailing Address, City, State, & Zip: 210 North Shepherd, Ironton, MO 63650

Deputy Treasurer's Email Address (optional): _____

Deputy Treasurer's Home Telephone Number: (573) 631 8891Deputy Treasurer's Work Telephone Number: (573) 546 3921

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: Tony Harrison, 12696 Hwy E, Arcadia MO 63621Telephone Number (Candidate Committees Only): (573) 546 3877Political Party: RepublicanElection Date: * August 4, 2026Office Sought & Political Subdivision: State Rep, Dis 144Support or Oppose: Support

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: Jan HarrisonCandidate (Candidate Committees Only): Tony Harrison