

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

## **Statement of Committee Organization**

MAYFF(2-2) = 2025 HAND DELIVERED

1.	Statement Information  Date: 5/22/2025		
	Type: New Amended (if amending, enter MEC ID	& section changed	
2.	Committee Information Suzanne Luther for Missouri		
	Name of Committee PO 1293 Jefferson City, MO 65102	,	(573)746-0956
	Committee Mailing Address, City, State, & Zip	Cole County Clerk	Telephone Number
	Official Committee Email Address	County Clerk, Board of Election Commissione	ers, or Federal PAC/Out of State Committee
	Committee Type: $\square$ Campaign $\blacksquare$ Candidate $\square$ Continuing (F		
3.	Treasurer/Deputy Treasurer Information  Dustin Bax		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	301 E Fillmore, Jefferson City, MO 65101	(573)746-0956	( )
	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)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	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 Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	itv. State. & Zip
	CANDIDATES: Do you have more than one candidate committee?		
5.	Official Bank Account Information (required by all committees)		
6.	Candidate Supported or Opposed (candidate committees must M. Suzanne Luther 719 W High St Jefferson City, MO 65101	include self, if candidate) (573) 821-1007	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	
	08/04/2026 State Representative House District 60	Democrat	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees n	iust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) – Check certification(s) & sign (required by all comm	nittees)	
(	■ I affirm and attest under penalty of perjury that information an further acknowledge that I am aware that any false statement or of the statement of the sta	d facts in this report are completed declaration made herein is puni	ete, true, and accurate. I ishable under Ch. 575 RSMo.

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