

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: MAY 23 2025

Received by Email

1	Statement Information Date: 5-23-25		
	Type: New Amended (if amending, enter MEC ID <u>C.C. 2</u>	21917 & section ch:	anged 6
2. Committee information which we send the design of the send of t			
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	Name of Committee		**************************************
			()
	Committee Mailing Address, City, State, & Zip		Telephone Number
	Market programme and the second secon	:	
	Official Committee Email Address	County Clerk, Board of Election Commission	
Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Po			oratory L. Political Party
3.	Treasurer/Deputy Treasurer Information		
		í	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	Treasurer's Mailing Address, City, State, & Zip	Teamer Home Telephone Number	Tropics of a Minch To Continue of the Continue
	6. ma 207, 4147, 2010 (M III)	- Transmar strong receptions running	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 Talephone 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, C	ity, State, & Zip
e+	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to Instructions on I	oack) 🗆 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, il carcidate)	
	David Costeel 2451 Cresturen Dr High Edge	(314) 560-5805	
	rearing a ryaning Address, City, State & Zip of Candidate VNO 650 17	Telephone Number (Candidate Committees C	Inly)
	Qua. 4 2026 Senate Dist 22	Republican	Support
	Office Sought & Political Subdivision	Political Party	Supportor Oppose ,
1.	Ballot Measure Supported of 6,12 cell (Example Committees in	ust complete this section)	
	Name of Ballot Measure	****	
_		Election Date & Political Subdivision:	Support or Oppose
	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,			ete, true, and accurate. I
	further acknowledge that I am aware that any false statement or declaration made herein is punishable under ch. 575 RSMo.		
	Selena K. Lambrich	11 /) ()
	Committee Treasurer	Candidate (Candidate Committee Cally)	