Missouri Ethics Commission

Office Use:
MAY 23 2025
Received by Email

Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

1. [redacted]

Date: _____

Type: ☐ New ☒ Amended (if amending, enter MEC ID A222393 & section changed 23.6.85)

2. Committee Information

[redacted] Nathan Willett for Missouri

Name of Committee

_____ (___)_____

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

[redacted] _____

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

Nathan Willett _____

Deputy Treasurer's Name (if one appointed) — Deputy Treasurer's Email Address (optional)

8601 NW Old Stagecoach Rd (816)206-8841 (___)_____

Deputy Treasurer's Mailing Address, City, State, & Zip — Dep. Treasurer's Home Telephone Number — Dep. Treasurer's Work Telephone Number

KCMO 64154

4. Additional Committee Information

_____ _____

Additional Committee Officer's Name & Title (if any) — Additional Committee Officer's Mailing Address, City, State, & Zip

AMENDMENT

_____ _____

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)

_____ Nathan Willett for Missouri _____

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)

Nathan Willett (___)_____ (___)_____

Name & Mailing Address, City, State & Zip of Candidate — Telephone Number (Candidate Committees Only)

August 4th, 2026 SD-34, GOP GOP _____

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.

[redacted] Nathan Willett

Committee Treasurer — Candidate (Candidate Committees Only)