



C190845

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

AUG 30 2025  
Received by Email

1. **Statement Information**  
Date: 8/26/2025  
Type: ☐ New ☒ Amended (if amending, enter MEC ID C190845 & section changed 6)
2. **Committee Information**

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**

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)

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 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)**

Maggie Nurrenbern

(816) 289-8822

( )

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

8/8/2028

State Senate - 17

Democrat

Support

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.

T. Skaggs  
Committee Treasurer

Maggie Nurrenbern  
Candidate (Candidate Committees Only)