



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: *BB RL*

Statement of Committee Organization

1. Statement Information

Date: 03/05/2014

Type: New Amended (if amending, enter MEC ID C 141099) & section changed _____

2. Committee Information

Citizens to Elect Mark Harder

Name of Committee

PO Box 7701, Chesterfield, MO 63006

(314) 852-8933

Committee Mailing Address, City, State, & Zip

Telephone Number

Official Committee Email Address

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

William Linton

Treasurer's Name (First & Last)

322 Algonquin Dr., Ballwin, MO 63011

Treasurer's Email Address (optional)

(314) 7958508

() Treasurer's Work Telephone Number

Treasurer's Mailing Address, City, State, & Zip

Charles McCloskey

Deputy Treasurer's Name (if one appointed)

419 Iron Lantern Dr., Ballwin, MO 63011

Deputy Treasurer's Email Address (optional)

(314) 5508830

(636) 5279962

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)

Mark Harder, 542 Lering Ct, Ballwin, MO 63011

(314) 852-8933

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

Telephone Number (Candidate Committees Only)

08/05/2014

St Louis City
County Council Dist 7

Republican

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.

Committee Treasurer

Charles C. Harder
Candidate (Candidate Committees Only)