



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

Missouri Ethics Commission
 Office Use:
 DEC 06 2018

Statement of Committee Organization

1. Statement Information

Date: 12/1/2018
 Type: New Amended (if amending, enter MEC ID C171187 & section changed 6)

2. Committee Information

Missourians for O'Laughlin
 Name of Committee
 Committee Mailing Address, City, State, & Zip _____ Telephone Number _____
 Official Committee Email Address _____ County Clerk or Board of Election Commissioners _____
 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 _____

Amendment

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)

Cindy O'Laughlin PO Box 197 Shelbina MO 63468		(660) 651-4151	()
Name & Mailing Address, City, State & Zip of Candidate		Telephone Number (Candidate Committees Only)	
08/02/2022	MO Senate 18	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)

MO Senate 18 primary	08/02/2022	republican
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.

Jane A. [Signature] Committee Treasurer *deputy treasurer*
[Signature] Candidate (Candidate Committees Only)