

C190858



## Missouri Ethics Commission (MEC)

P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Missouri Ethics Commission

Office File: MAY 17 2019

T191857

## Statement of Committee Organization

## 1. Statement Information

Date: 05/10/2019

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

## 2. Committee Information

Hurlbert for Missouri

Name of Committee

19400 Diamond Ln Smithville, MO 64089

Committee Mailing Address, City, State, &amp; Zip

(816) 520-7242

Telephone Number

Clay County Board of Elections

County Clerk or Board of Election Commissioners

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

## 3. Treasurer/Deputy Treasurer Information

Ashley Hurlbert

Treasurer's Name (First &amp; Last)

19400 Diamond Ln Smithville, MO 64089

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

(816) 694-8927

Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, &amp; Zip

Phone 1

Phone 2

## 4. Additional Committee Information

Additional Committee Officer's Name &amp; Title (if any)

Additional Committee Officer's Mailing Address, City, State, &amp; Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, &amp; 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)

## 6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Joshua Hurlbert 19400 Diamond Ln Smithville, MO 64089

Name &amp; Mailing address, City, State, &amp; Zip of Candidate

(816) 520-7242

Phone 1

Phone 2

08/04/2020

Election Date

State  
Representative/Missouri  
House of Representatives /2  
Office Sought & Political Subdivision

Republican

Political Party

support

Support or Oppose

## 7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date &amp; Political Subdivision

Support or Oppose

## 8. Signature(s) Check certification(s) &amp; sign (required by all committees)

☒ 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.

*Ashley Hurlbert*  
Committee Treasurer

*Joshua Hurlbert*  
Candidate (Candidate Committees Only)

Form must be completed in full &amp; contain original signature(s), fax filings are not accepted.