



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

Missouri Ethics Commission

Office Used **JUL 08 2019**

Statement of Committee Organization

1. Statement Information

Date: 6-26-19

Type: New Amended (if amending, enter MEC ID C000596 & section changed _____)

2. Committee Information

MONA PAC

Name of Committee

3340 American Ave., Suite F Jefferson City, MO 65109

(573) 636-4623

Committee Mailing Address, City, State, & Zip

Telephone Number

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

Rebecca McClanahan

Treasurer's Name (First & Last)

PO Box 115 Kirksville, MO 63501

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

Treasurer's Email Address (optional)

(660) 888-1901

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

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

4. Additional Committee Information

Heidi Lucas, State Director

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

Missouri Nurses Association

Connected Organization's Name (if any)

3340 American Ave, Suite F Jefferson Cit 65109

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

3340 American Ave, Suite F Jefferson Cit 65109

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 Number

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

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

Amendment

Election Date

Office Sought & Political Subdivision

() Telephone Number (Candidate Committees Only)

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.

Rebecca McClanahan

Committee Treasurer

Candidate (Candidate Committees Only)