



Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov
Statement of Committee Organization

Office Use:
C211584

1. Statement Information

Date: 02/18/2021

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

2. Committee Information

Missourians for Higher Education

Name of Committee

3509 N. Park Kansas City, MO 64116

Committee Mailing Address, City, State, & Zip

(202) 866-8229

Telephone Number

[REDACTED]

Official Committee Email Address

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

3. Treasurer/Deputy Treasurer Information

Bill Skaggs

Treasurer's Name (First & Last)

3509 N. Park Kansas City, MO 64116

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

[REDACTED]

Treasurer's Email Address (optional)

(816) 807-6300

Phone 1

Phone 2

George Husted

Deputy Treasurer's Name (if one appointed)

3509 N. Park Kansas City, MO 64116

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

[REDACTED]

Deputy Treasurer's Email Address (optional)

(573) 318-4282

Phone 1

Phone 2

4. Additional Committee Information

Haley Wadsworth (Compliance Officer)

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

3509 N. Park Kansas City, MO 64116

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

Connected Organization's Name (if any)

CANDIDATES: Do you have more than one candidate committee?

Connected Organization's Mailing Address, City, State, & Zip

Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

[REDACTED]

Name & Mailing Address, City, State, & Zip of Financial Institution

[REDACTED]

Account Name

[REDACTED]

Account Number

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

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

Phone 1

Phone 2

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)

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.

ELECTRONICALLY FILED Feb 18 2021 07:06 PM

Committee Treasurer

ELECTRONICALLY FILED Feb 18 2021 07:06 PM

Candidate (Candidate Committees Only)