



Office Use:
 C211596

Statement of Committee Organization

1. Statement Information

Date: 03/05/2021
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Citizens to Elect Stephanie Hein
 Name of Committee

940 E Portland Street Springfield, MO 65807 (417) 766-6590
 Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] Greene County Clerk
 Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

Laura Ford [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

501 W Central St Apt 114 Springfield, MO 65802 (417) 365-1656
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

Anthony Hein [REDACTED]
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)

940 E Portland Street Springfield, MO 65807 (417) 612-2352
 Deputy Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

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)

[REDACTED] [REDACTED] [REDACTED]
 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)

Stephanie Hein 940 E Portland Street Springfield, MO 65807 (417) 766-6590
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

08/02/2022 State Democrat
 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 Mar 5 2021 11:00 AM ELECTRONICALLY FILED Mar 5 2021 11:00 AM
 Committee Treasurer Candidate (Candidate Committees Only)

