

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:	
C232447	

1.	Statement Information			
	Date: 05/11/2023			
	Type: New Amended (if amending, enter MEC	C ID & section o	changed)	
2.	Committee Information			
	964 PAC			
	Name of Committee		(572) 646 4045	
	PO Box 52 Jefferson City, MO 65102 Committee Mailing Address, City, State, & Zip		(573) 616-1845 Telephone Number	
	[REDACTED]	Cole County Clerk		
	Official Committee Email Address		ioners, Federal PAC/Out of State Committee	
	Committee Type: Campaign Candidate	Continuing(PAC) Debt Service	Exploratory Political Pary	
3.	Treasurer/Deputy Treasurer Information			
	Melissa Largent	[REDACTED]		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	PO Box 52 Jefferson City, MO 65102 Treasurer's Mailing Address, City, State, & Zip	(573) 616-1845 Phone 1	Phone 2	
		[REDACTED]		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	nal)	
	, Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1	Dhana 2	
		Priorie 1	Phone 2	
4.	Additional Committee Information			
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing A	Additional Committee Officer's Mailing Address, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Addres	Connected Organization's Mailing Address, City, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee?			
5.	Official Bank Account Information (required by all com	mittees)		
	[REDACTED]	[REDACTED]	[REDACTED]	
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number	
6.	Candidate Supported or Opposed (candidate committe	es must include self, if candidate)		
	Jeff Myers			
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2	
	State Representative District 42		Support	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign comr	mittees must complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	Signature(s) Check certification(s) & sign (required by a	ll committees)		
	■affirm and attest under penalty of perjury that inform		<del>-</del>	
	further acknowledge that I am aware that any false state	ement or declaration made herein is p	unishable under Ch. 575 RSMo.	
	LECTRONICALLY FILED May 11 2023 02:51 PM  ELECTRONICALLY FILED May 11 2023 02:51 PM  Candidate (Candidate Committees Only)		ay 11 2023 02:51 PM	