



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

Office Use:  
 C232544

# Statement of Committee Organization

## 1. Statement Information

Date: 08/30/2023  
 Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

A Good Steward PAC  
 Name of Committee

PO Box 52 Jefferson City, MO 65102 (573) 616-1845  
 Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] Cole 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

Melissa Largent [REDACTED]  
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

PO Box 52 Jefferson City, MO 65102 (573) 616-1845  
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

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

\_\_\_\_\_  
 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)

Sherri Gallick \_\_\_\_\_  
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

\_\_\_\_\_  
 Election Date State Representative \_\_\_\_\_  
District 62 \_\_\_\_\_  
 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)

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.

ELECTRONICALLY FILED Aug 30 2023 10:30 AM ELECTRONICALLY FILED Aug 30 2023 10:30 AM  
 Committee Treasurer Candidate (Candidate Committees Only)