



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

Office Use:
 C232615

Statement of Committee Organization

1. Statement Information

Date: 11/03/2023
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Kimberly Bell for Missouri Citizens
 Name of Committee
P.O. Box 389 Pineville, MO 64856 (417) 850-3966
 Committee Mailing Address, City, State, & Zip Telephone Number
[REDACTED] McDonald 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

Bob Fuller [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)
P.O. Box 424 Mt. Vernon, MO 65712 (417) 366-3913
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2
Marlene Wainscott [REDACTED]
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)
308 S. Thompson St. Butler, MO 64730 (660) 424-0063
 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)

Kimberly Bell 99 Valley View Ct. Pineville, MO 64856 (417) 850-3966
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2
08/06/2024 Secretary of State/Office of Republican
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose
the Secretary of State

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 Nov 3 2023 02:50 PM ELECTRONICALLY FILED Nov 3 2023 02:50 PM
 Committee Treasurer Candidate (Candidate Committees Only)