



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:
C242726

1. Statement Information

Date: 02/10/2024

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

2. Committee Information

United Columbians Uniting

Name of Committee

515 E Walnut St #316 Columbia, MO 65201

Committee Mailing Address, City, State, & Zip

(573) 424-1999

Telephone Number

[REDACTED]

Official Committee Email Address

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

3. Treasurer/Deputy Treasurer Information

John Lerrick

Treasurer's Name (First & Last)

11 N Glennwood Ave Columbia, MO 65203

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

[REDACTED]

Treasurer's Email Address (optional)

(573) 515-0174

Phone 1

Phone 2

Jon Sessions

Deputy Treasurer's Name (if one appointed)

115 Aldeah Ave Columbia, MO 65203

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

[REDACTED]

Deputy Treasurer's Email Address (optional)

(573) 424-1999

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]

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)

Recall of 1st Ward Council Person.

04/02/2024,City of
Columbia

Oppose

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 10 2024 11:47 AM

Committee Treasurer

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Candidate (Candidate Committees Only)