

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:	
C242788	

1.	Statement Information					
	Date: 03/15/2024					
	Type: New Amended (if amending, enter MEC ID		& section changed			
2.	mmittee Information					
	mmon Sense with Haralson					
	Name of Committee			/44 7) 200 5200		
	Po Box 276 Ozark, MO 65721 Committee Mailing Address, City, State, & Zip			(417) 300-5300 Telephone Number		
	[REDACTED]	Chr	istian County Clerk			
	Official Committee Email Address		ty Clerk, Board of Election Commissioners	_		
	ommittee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Pary					
3.	Treasurer/Deputy Treasurer Informatio					
	Jackie Barger		[REDACTED]			
	Treasurer's Name (First & Last)		surer's Email Address (optional)			
	162 W. Purdy Avenue Billings, MO 65610 Treasurer's Mailing Address, City, State, & Zip	0 <u>(41</u> Phon	7) 818-5718	Phone 2		
	Treasurer 3 Maining Address, City, State, & Elp		DACTED]	Thore 2		
	Deputy Treasurer's Name (if one appointed)		ty Treasurer's Email Address (optional)			
	,					
	Deputy Treasurer's Mailing Address, City, State, & Zip	Phon	e 1	Phone 2		
4.	Additional Committee Information					
	Additional Course these Officer's Name 9. Title (if any)	A Julia	is and Committee Officeric Mailing Address	City Chata 9 7:m		
	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 (requ	•				
٦.			DACTED!	[DED ACTED]		
	[REDACTED] Name & Mailing Address, City, State, & Zip of Financial Institut		DACTED] unt Name	[REDACTED] Account Number		
6.	Candidate Supported or Opposed (cand	e self, if candidate)				
	Susan Haralson 1575 E Melton Road Oza		7) 300-5300			
	Name & Mailing address, City, State, & Zip of Candidate		1	Phone 2		
			ublican			
	Election Date State Ser Office Sought		al Party	Support or Oppose		
7.	Ballot Measure Supported or Opposed	(campaign committees must co	omplete this section)			
			· · · · · · · · · · · · · · · · · · ·			
	Name of Ballot Measure	Election	on Date & Political Subdivision	Support or Oppose		
8.	Signature(s) Check certification(s) & sign	n (required by all committees)				
	■affirm and attest under penalty of pe	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 th	rther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.				
	ELECTRONICALLY FILED Mar 15 2024 09:45 AM		ELECTRONICALLY FILED Mar 15 2024 09:45 AM			