



Office Use:  
C242943

# Statement of Committee Organization

## 1. Statement Information

Date: 04/25/2024  
Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Present Day Conservatives  
Name of Committee

1933 Holly Springs Ave Nixa, MO 65714 (417) 766-7448  
Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] Christian 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

Jessica McCowan [REDACTED]  
Treasurer's Name (First & Last) Treasurer's Email Address (optional)

1933 Holly Springs Ave Nixa, MO 65714 (417) 766-7448  
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)

Susan Haralson \_\_\_\_\_  
Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

\_\_\_\_\_  
Election Date State Senate District 29 \_\_\_\_\_  
Office Sought & Political Subdivision Political Party Support  
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 Apr 25 2024 09:50 PM ELECTRONICALLY FILED Apr 25 2024 09:50 PM  
Committee Treasurer Candidate (Candidate Committees Only)