

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: | |
|-------------|--|
| C242950 | |

| 1. | Statement Information | | | | | |
|----|--|---|---|--|--|--|
| | Date: <u>04/30/2024</u> | | | | | |
| | Type: New Amended (if amending, enter MEC ID | | & section changed | | | |
| 2. | Committee Information | | | | | |
| | Spicer for Missouri Name of Committee | | | | | |
| | 805 Maywood Drive Jefferson City, MO 65109 | | (573) 418-5615 | | | |
| | Committee Mailing Address, City, State, & Zip | 0.1,, | | Telephone Number | | |
| | [REDACTED] Official Committee Email Address | | Cole County Clerk County Clerk, Board of Election Commission | ners, Federal PAC/Out of State Committee | | |
| | Committee Type: Campai | gn Candidate Continuir | ng(PAC) Debt Service E | | | |
| 3. | Treasurer/Deputy Treasurer In | easurer/Deputy Treasurer Information | | | | |
| | Jeffrey Ahlers | | [REDACTED] | | | |
| | Treasurer's Name (First & Last) | L ((| Treasurer's Email Address (optional) | (447) 072 4600 | | |
| | 2024 Scenic Drive Jefferson Cit Treasurer's Mailing Address, City, State, & Zip | y Jefferson City, MO 65101 | (573) 694-0291 Phone 1 | (417) 973-1600 Phone 2 | | |
| | Charles Christiansen | | [REDACTED] | | | |
| | Deputy Treasurer's Name (if one appointed) | | Deputy Treasurer's Email Address (optiona | 1) | | |
| | 627 West McCarty Street Jeffer Deputy Treasurer's Mailing Address, City, State, | | (417) 973-1600 Phone 1 | Phone 2 | | |
| 4. | Additional Committee Informa | ation | | | | |
| | | | | | | |
| | Additional Committee Officer's Name & Title (if any) | | Additional Committee Officer's Mailing Address, City, State, & Zip | | | |
| | Connected Organization's Name (if any) | ganization'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 Informa | ficial Bank Account Information (required by all committees) | | | | |
| | [REDACTED] | | [REDACTED] | [REDACTED] | | |
| | Name & Mailing Address, City, State, & Zip of Fir | nancial Institution | Account Name | Account Number | | |
| 6. | Candidate Supported or Opposed (candidate committees must include self, if candidate) | | | | | |
| | Derrick Spicer 805 Maywood Dr. Jefferson City, MO 65109 Name & Mailing address, City, State, & Zip of Candidate | | (573) 418-5615 Phone 1 | Phone 2 | | |
| | 08/04/2026 | State Senator/Missouri | Republican | | | |
| | | State Senate | | | | |
| _ | Election Date | Office Sought & Political Subdivision | Political Party | Support or Oppose | | |
| 7. | Ballot Measure Supported or C | Opposed (campaign committees r | must complete this section) | | | |
| | Name of Ballot Measure | | Election Date & Political Subdivision | Support or Oppose | | |
| 8. | . Signature(s) Check certification | n(s) & sign (required by all comm | ittees) | | | |
| | | laffirm 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 | | · | | | |
| | ELECTRONICALLY FILED Apr 30 2024 05:39 PM | | ELECTRONICALLY FILED Apr 30 2024 05:39 PM Candidate (Candidate Committees Only) | | | |