

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:	
C242951	

1.	Statement Information			
	Date: <u>04/30/2024</u>	_		
	Type: New Amended (if amending, enter MEC ID	& section cha	nnged)	
2.	Committee Information			
	Spicer for Senate PAC			
	Name of Committee		/E72\ 616 104E	
	Po Box 52 Jefferson City, MO 65102 Committee Mailing Address, City, State, & Zip		(573) 616-1845 Telephone Number	
	[REDACTED]	Cole County Clerk		
	Official Committee Email Address  Committee Type: Campaign Candidate Continuing	County Clerk, Board of Election Commissions (PAC) Debt Service Ex	ploratory Political Pary	
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3.	Treasurer/Deputy Treasurer Information			
	Melissa Largent Treasurer's Name (First & Last)	[REDACTED] Treasurer's Email Address (optional)		
	Po Box 52 Jefferson City, MO 65102	(573) 616-1845		
	Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2	
		[REDACTED]		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)		
	, Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2	
-	Additional Committee Information			
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address	ess, 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)		
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	
õ.	Candidate Supported or Opposed (candidate committees must in	clude self, if candidate)		
	Derrick Spicer			
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2	
	Senate District 6  Election Date Office Sought & Political Subdivision	Political Party	Support Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees m	,		
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	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
3.	Signature(s) Check certification(s) & sign (required by all committ	tees)		
	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 o	declaration made herein is pun	ishable under Ch. 575 RSMo.	
	ELECTRONICALLY FILED Apr 30 2024 12:00 PM	ELECTRONICALLY FILED Apr 30 2024 12:00 PM		
	Committee Treasurer	Candidate (Candidate Committees Only)		