

Committee Treasurer

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:
C243185

Statement Information	on		
Date: <u>11/18/2024</u>	_		
Type: New	Amended (if amending, enter MEC ID	& section changed	
Committee Information	on		
Hasty for Missouri			
Name of Committee			(419) 908-5301
1519 S Ingram Mill Rd Springfield , MO 65804 Committee Mailing Address, City, State, & Zip			Telephone Number
REDACTED] Ifficial Committee Email Address		Greene County Clerk County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee	
Committee Type:	Campaign Candidate Continu	ing(PAC) Debt Service	
Freasurer/Deputy Tre			
Michelle Herring		[REDACTED]	
Treasurer's Name (First & Last)		Treasurer's Email Address (optional)	
3941 S Clay Ave Springfield , MO 65807		(314) 650-1896	
Treasurer's Mailing Address, City, State, & Zip		Phone 1	Phone 2
Heather Hasty Deputy Treasurer's Name (if one appointed)		[REDACTED] Deputy Treasurer's Email Address (option	nal)
1519 S Ingram Mill Rd Springfield , MO 65804		(567) 203-8773	
Deputy Treasurer's Mailing Address, City, State, & Zip		Phone 1	Phone 2
Additional Committee	Information		
Additional Committee Officer's Nai	me & Title (if any)	Additional Committee Officer's Mailing Ad	ddress, City, State, & Zip
Connected Organization's Name (if	any)	Connected Organization's Mailing Addres	s, City, State, & Zip
CANDIDATES: Do you h	nave more than one candidate committee	e? Yes (refer to instruction	ns on back) No
Official Bank Account	Information (required by all committees		
[REDACTED]		[REDACTED]	[REDACTED]
Jame & Mailing Address, City, Stat		Account Name	Account Number
	or Opposed (candidate committees mus	·	
Michael Hasty 1519 S Ingram Mill Rd Springfield , MO 65804		(419) 908-5301	
Name & Mailing address, City, State, & Zip of Candidate		Phone 1	Phone 2
08/04/2026	State	Republican	
	Representative/Missouri		
Election Date	House of Representatives Office Sought & Political Subdivision	Political Party	Support or Oppose
Ballot Measure Suppo	rted or Opposed (campaign committees	must complete this section)	
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose
	tification(s) & sign (required by all comn		- PR
			alote true and accurate
	nder penalty of perjury that information a hat I am aware that any false statement o	-	
FLECTRONICALLY FILED Nov. 18 2024 02:45 DM		FLECTRONICALLY ELLED Nov 18 2024 02:45 DM	

Candidate (Candidate Committees Only)

MO 300-1308 Packet (Rev. 10/2019)