

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:	
C253481	

1.	Statement Information			
	Date: <u>04/09/2025</u>			
	Type: New Amended (if amending, enter MEC ID	& section changed		
2.	Committee Information			
	Steel Resolve PAC			
	Name of Committee		(572) (10.45	
	PO Box 222 Jefferson City, MO 65102 Committee Mailing Address, City, State, & Zip		(573) 616-1845 Telephone Number	
	[REDACTED]	Cole County Clerk		
	Official Committee Email Address	County Clerk, Board of Election Commissioners,	_	
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Expl	oratory Political Pary	
3.	Treasurer/Deputy Treasurer Information			
	Melissa Largent Treasurer's Name (First & Last)	[REDACTED] Treasurer's Email Address (optional)		
	PO Box 222 Jefferson City, MO 65102 Treasurer's Mailing Address, City, State, & Zip	(573) 616-1845 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	THORE I	Thore 2	
	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)		
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 in	clude self, if candidate)		
	Joseph Steelman Name & Mailing address, City, State, & Zip of Candidate	Dhana 1	Dhone 2	
			Phone 2	
	Senate District 16 Election Date Office Sought & Political Subdivision		Support Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees mu	ust complete this section)		
		•		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
ij	Signature(s) Check certification(s) & sign (required by all committ	ees)		
	■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 o	declaration made herein is punisl	nable under Ch. 575 RSMo.	
	ELECTRONICALLY FILED Apr 9 2025 12:52 PM	ELECTRONICALLY FILED Apr 9 2025 12:52 PM		
	Committee Treasurer	Candidate (Candidate Committees Only)		