



Missouri Ethics Commission (MEC)
 P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:
 C264123

Statement of Committee Organization

1. Statement Information

Date: 03/28/2026
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Miller for Missouri
 Name of Committee
 P.O. Box 57 Mexico, MO 65265
 Committee Mailing Address, City, State, & Zip
 (573) 324-7548
 Telephone Number
 [REDACTED]
 Official Committee Email Address
 Audrain County Clerk
 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

Walter Staley Treasurer's Name (First & Last)	[REDACTED] Treasurer's Email Address (optional)
P.O. Box 57 Mexico, MO 65265 Treasurer's Mailing Address, City, State, & Zip	(573) 473-8007 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] Name & Mailing Address, City, State, & Zip of Financial Institution	[REDACTED] Account Name	[REDACTED] Account Number
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6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Nicholas Miller 9805 Audrain Road 9904 Centralia, MO 65240 Name & Mailing address, City, State, & Zip of Candidate	(573) 324-7548 Phone 1	Phone 2
08/04/2026 Election Date	State Senator/Missouri State Senate Office Sought & Political Subdivision	Democrat Political Party
		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
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8. Signature(s) Check certification(s) & sign (required by all committees)

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 Mar 28 2026 06:35 PM Committee Treasurer	ELECTRONICALLY FILED Mar 28 2026 06:35 PM Candidate (Candidate Committees Only)
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