RE: C00859140

Please find enclosed a revised Statement Of Organization, FEC Form 1, for the Committee to Elect Missi Hesketh for Congress. We have changed the Treasurer and the Custodian of Records and added an email and a Designated Agent.

Please contact me with any questions.

Susan Rubino, Custodian of Records

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RECEIVED CHANCENTER

FEC	STATEMENT OF PROTECTION		
FORM 1	ORGANIZATION 2024 FEB - 2 AM 10: 35		
FUNIVI I	TOT I CO		
4 1445 05	Office Use Only		
NAME OF COMMITTEE (in	full) (Check if name Example: If typing, type 12FE4M5 is changed) over the lines.		
COMMITTE: 17	O LELECT MISSI HESKETH FOR CONGRESS		
ADDRESS (number a	nd street) 798 SANTA FE DRIVE		
☐ ◀ (Check if a			
·	FORSYTH		
COMMITTEE'S E-MA	AL ADDRESS		
✓ (Check if is changed			
· ·	Optional Second E-Mail Address		
	sysanandpotrubino@hptmail.com		
COMMITTEE'S WEE	PAGE ADDRESS (URL)		
(Check if			
is change			
2. DATE 01	16 2024		
3. FEC IDENTIFIC	CATION NUMBER C 00859140		
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)			
Lastification I have	and this Challenger and to the heat of my browning and helical is in the second and complete		
r certily that I have t	examined this Statement and to the best of my knowledge and belief it is true, correct and complete.		
Type or Print Name	of Treasurer JIM KABELL		
Signature of Treasure	Date 01 16 2024		
NOTE: Submission of false, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.			
Office	For further information contact: FFC FORM 1		
Use Only	Federal Election Commission Toll Free 800-424-9530 (Revised 03/2022) Local 202-694-1100		

FE	C Form 1 (Revised 03/2022)	Page 2
j.	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of CandidateMJS\$I_HĘSĶЕŢH;	
	Candidate Office House Senate President	State MO District 7
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	<u> </u>
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, (etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperation	ve
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	C).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. L	

FEC Form 1 (Revised (03/2022)				Page 3
Write or Type Committee Name					
6. Name of Any Connected O	rganization, Affiliated Comm	ittee, Joint Fu	indraising Repre	esentative, o	r Leadership PAC Sponsor
			 		
			<u> </u>	1111	
Mailing Address					
			1 1 1 1		
	cm			STATE A	ZIP CODE ▲
Relationship: Connected	Organization Affiliated Org	CHILDS	Joint Fundraising		
 Custodian of Records: Identification books and records. 	ify by name, address (phone n	umber option	al) and position o	f the person i	n possession of committee
Full Name SUSAN	RUBINO, , , , , , , , ,		11111		
Mailing Address	2051 N CARRIAGE IDE	RIYE		1111	
		11.11			
	NIXA	1111	لىبى	МР	65714 -
Title or Position ▼	CITY	′ ▲		STATE A	ZIP CODE ▲
DERUTYTREASURER		∟	Telephone num	ber <u>[417</u>	848 9285
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number assistant treasurer).	optional) of the	treasurer of the		and the name and address of
Full Name of Treasurer JIM KA	BELL I I I I I I I I	1111		<u> </u>	111111111
Mailing Address	4049 НІСНЖАУ ДЦ		<u> </u>		
	MILLER			МР	65707
Title or Position ▼	CITY	^ A		STATE ▲	ZIP CODE ▲
TREASURER		Ш	Telephone num	ber 417	

	_		
	FEC Form	(Revised 03/2022)	Page 4
	Full Name of Designated Agent	KRANK J DIECIOUE III	
	Mailing Address	708 SANTA FEDRIVE	
		FORISIYITIM	MO 65653-
			STATE A ZIP CODE A
	Title or Position	Telephone numb	er <u>[41/17]-[300]-[505</u> 5
9.	Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee xes or maintains funds.	deposits funds, holds accounts, rents
	Name of Bank, I	Depository, etc.	
		BRANSON BANK	
	Mailing Address	15514 US HWY 160	
		FORSYTH	MO 65653
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Name of Bank,	Depository, etc.	
	Mailing Address		
			لـــا-لــــا
		CITY ▲ S	TATE ▲ ZIP CODE ▲

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FFC	Form	15	(Revised	03/20221

Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

Page	of	

5(i) or	(j). Joint Fundraisir	g Participant:		
J(1,7 J)	1.		FEC ID number	C
	2.		FEC ID number	C
	3. 1 1 1 1 1		FEC ID number	C
	4.		FEC ID number	C
,				
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representativ	ve, or Leadership PAC Sponsor
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		<u> </u>		
		1		1
	Mailing Address	111111111111		<u> </u>
	Relationship:	CITY A		ZIP CODE A
	neiationship.	CITY ▲	STATE ▲	ZIP CODE A
8.		d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represen	tative Leadership PAC Sponsor
	Full Name			
	Mailing Address			
	J			
		_ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	1		
			elephone Number	
	Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	ories: List all banks or other depositories in which aintains funds.		its funds, holds accounts, rents
	Mailing Address			
	•			
			, , 1 1 . I	
ì		CITY ▲	STATE ▲	ZIP CODE ▲

Nixa MO 65714

SPRINGFIELD MO:658

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Federal Election Commission 1050 First Street N.E. Washington DC 20463



ENVELOPE REPLACEMENT PA	tion Commission GE FOR INCOMING DOCUMENTS f this filing to indicate how it was received.
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No Postmark	
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Received via FAX	Date of Receipt
Received via Email	Date of Receipt
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Other (Specify):	Date of Receipt or Postmarked
PB PREPARER	02/02/2024 DATE PREPARED
(4/2023)	