



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov
Statement of Committee Organization

MO Ethics Commission
 Office Use:
 APR 01 2021
 Rec'd by email

1. Statement Information

Date: 4/1/2021
 Type: New Amended (if amending, enter MEC ID C190976 & section changed 2 and 3)

2. Committee Information

Jack PAC
 Name of Committee
 Committee Mailing Address, City, State, & Zip _____
 Telephone Number (314) 200-1270
 Official Committee Email Address _____
 County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Mack Bradley
 Treasurer's Name (First & Last)
 Treasurer's Mailing Address, City, State, & Zip _____
 Treasurer's Email Address (optional) _____
 Treasurer's Home Telephone Number (314) 200-1270
 Treasurer's Work Telephone Number _____
 Deputy Treasurer's Name (if one appointed) _____
 Deputy Treasurer's Mailing Address, City, State, & Zip _____
 Deputy Treasurer's Email Address (optional) _____
 Dep. Treasurer's Home Telephone Number _____
 Dep. Treasurer's Work Telephone Number _____

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

AMENDMENT

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution _____
 Account Name _____
 Account Number _____

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate _____
 Telephone Number (Candidate Committees Only) _____
 Election Date _____
 Office Sought & Political Subdivision _____
 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 _____

8. Signature(s) - Check certification(s) & sign (required by all committees)

I 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.

 Committee Treasurer

 Candidate (Candidate Committees Only)