C121051

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

Statement of Committee Organization

Office Use: MO Ethics Commission
JUL 28 2021

Rec'd by email

1. **Statement Information**
Date: 7/12/2021
Type: ☐ New ☒ Amended (if amending, enter MEC ID C121051 & section changed _____)

2. **Committee Information**
Fitzpatrick For Missouri
Name of Committee
P.O. Box 701 Shell Knob, MO 65747 (417) 877-0505
Telephone Number
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**
Danny Buchanan
Treasurer's Name (First & Last)
Treasurer's Email Address (optional)
Treasurer's Mailing Address, City, State, & Zip
(417) 271-3600 (417) 271-3600
Treasurer's Home Telephone Number Treasurer's Work Telephone Number
Jeff Shane, CPA
Deputy Treasurer's Name (if one appointed)
Deputy Treasurer's Mailing Address, City, State, & Zip
(417) 882-7514 (417) 877-0505
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
AMENDMENT
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)**

6. **Candidate Supported or Opposed (candidate committees must include self, if candidate)**
Scott Fitzpatrick ( ) ( )
Name & Mailing Address, City, State & Zip of Candidate
Telephone Number (Candidate Committees Only)
8/2/2022 State Auditor Republican Support
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.
Danny Buchanan
Committee Treasurer
Candidate (if Candidate Committee Only)