

C221997 Missouri Ethics Commission



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

APR 11 2022
Received by Fax

Statement of Committee Organization

1. Statement Information

Date: 4.11.22
Type: [] New [x] Amended (if amending, enter MEC ID C221997 & section changed 2)

2. Committee Information

Name of Committee
Committee Mailing Address, City, State, & Zip
Telephone Number (636) 426-9092
Committee Type: [] Campaign [] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last)
Treasurer's Mailing Address, City, State, & Zip
Deputy Treasurer's Name (if one appointed)
Deputy Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
Treasurer's Home Telephone Number
Treasurer's Work Telephone Number
Deputy Treasurer's Email Address (optional)
Deputy Treasurer's Home Telephone Number
Deputy 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

Amendment

CANDIDATES: Do you have more than one candidate committee? [] Yes (refer to instructions on back) [x] No

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)

[x] 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.

[Signature]
Committee Treasurer

[Signature]
Committee Secretary