

C222160



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

Missouri Ethics Commission
Office Use: JUN 15 2022
Received by Fax

1. Statement Information

Date: 6/8/2022

Type: [X] New [ ] Amended (If amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

2. Committee Information

Gladus PAC

Name of Committee

PO Box 771, Branson, MO 65615

Committee Mailing Address, City, State, & Zip

(417) 7930675

Telephone Number

Official Committee Email Address

MEC

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: [ ] Campaign [ ] Candidate [X] Continuing (PAC) [ ] Debt Service [ ] Exploratory [ ] Political Party

3. Treasurer/Deputy Treasurer Information

William Williams

Treasurer's Name (First & Last)

PO Box 771, Branson, MO 65615

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

( ) \_\_\_\_\_
Treasurer's Home Telephone Number

(417) 7930675

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

( ) \_\_\_\_\_
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) [X] No

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

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.

William Williams (handwritten signature)

Committee Treasurer

Candidate (Candidate Committees Only)