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Missouri Ethics Commission (MEC)
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MO Ethics Commission Office Use
SEP 16 2022
Rec'd by email

Statement of Committee Organization

1. Statement Information

Date: 9/11/2022
Type: [X] New [] Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Name of Committee: Angela Romine for Missouri
Committee Mailing Address, City, State, & Zip: 1736 East Sunshine Suite 707 Springfield MO 65804
Telephone Number: (417) 413-4901

Official Committee Email Address _____
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Alexander Frazier
Treasurer's Mailing Address, City, State, & Zip: 610-A E Battlefield #122, Springfield MO 65807
Treasurer's Email Address (optional): _____
Treasurer's Home Telephone Number: (417) 689-4223
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) [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: Angela Romine 1736 E Sunshine Ste 707 Springfield MO 65804
Election Date: 2026
Office Sought & Political Subdivision: State Senate
Political Party: Republican
Support or Oppose: Support

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.

[Signature]
Committee Treasurer

[Signature]
Candidate (Candidate Committees Only)