

A161548

SEP. 13 2022



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:

1. Statement Information

Date: 10/8/2022
Type: [ ] New [X] Amended (if amending, enter MEC ID A161548 & section changed 2)

2. Committee Information

Name of Committee: SAM BUSHMAN FOR PRESIDING COMMISSIONER
Committee Mailing Address, City, State, & Zip: 339 REDWING DRIVE / JEFFERSON CITY, MO 65101
Telephone Number: (573) 462 0595

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):
Treasurer's Email Address (optional):
Treasurer's Mailing Address, City, State, & Zip:
Treasurer's Home Telephone Number:
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:
Dea. Treasurer's Home Telephone Number:
Dea. 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) [ ] 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.

Committee Treasurer: [Signature]
Candidate (Candidate Committees Only): [Signature]

LANCE ROSBURG,
TREASURER
573 291 7159