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Missouri Ethics Commission

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

NOV 14 2022

Office Use:

Statement of Committee Organization

1. Statement Information

Date: 11/10/2022

Type: [X] New [] Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Liberty and Justice PAC

Name of Committee

222 West Columbia Street, Farmington, MO 63640

(573) 631-0039

Committee Mailing Address, City, State, & Zip

Telephone Number

Official Committee Email Address

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

Tom Burcham

Treasurer's Name (First & Last)

222 West Columbia Street, Farmington, MO 63640

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

Treasurer's Email Address (optional)

(573) 631-0039

Treasurer's Home Telephone Number

(573) 756-5014

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.

Tom W. Burcham

Committee Treasurer

Candidate (Candidate Committees Only)