

A 232687



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

MO Ethics Commission

Office Use: JAN 17 2023

Statement of Committee Organization

Rec'd by email

1. **Statement Information:**
Date: 1/13/2023
Type: New Amended (if amending, enter MEC ID A232687 & section changed)

2. **Committee Information:**
Welsh for WSD
Name of Committee
178 Greenshire Court Dardenne Prairie, MO 63368 (816) 309-0132
Committee Mailing Address, City, State, & Zip Telephone Number

Official Committee Email Address: Wentzville Board of Education
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Committee Type: Campaign 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 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) 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)**
 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.

Candidates (Candidate Committees Only)

Amendment