



Missouri Ethics Commission  
OUT OF STATE COMMITTEE REPORT


NI41004

M.E.C. ID NO. \_\_\_\_\_  
PENDING

1. DATE OF REPORT  
2/13/2023

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE EVERYTOWN FOR GUN SAFETY ACTION FUND, INC. PAC (EVERYTOWN PAC)		
3. TREASURER'S NAME MICHAEL BROUILLARD		
4. TREASURER'S BUSINESS ADDRESS PO BOX 4184, NEW YORK, NY 10163	5. TELEPHONE NUMBER 646-324-8250	
6. TREASURER'S HOME ADDRESS 450 LEXINGTON AVENUE, #4184, NEW YORK, NY 10017	7. TELEPHONE NUMBER 646-324-8250	
8. NAME AND ADDRESS OF AFFILIATED ENTITY (IF ANY) Everytown for Gun Safety Action Fund, Inc.		
9. TYPE OF REPORT (CHECK ONE) <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> CALENDAR QUARTER		10. ELECTION DATE April 4, 2023
11. IS THIS COMMITTEE REQUIRED TO FILE REPORTS WITH FEDERAL ELECTION COMMISSION?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
12. IS THIS COMMITTEE REQUIRED TO FILE REPORTS WITH AGENCIES IN OTHER STATES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH S3-SUPPLEMENTAL
13. TOTAL DOLLAR AMOUNT OF ALL FUNDS RECEIVED IN THIS CALENDAR YEAR AS OF THE DATE OF THIS REPORT.		\$ 0
14. TOTAL CONTRIBUTIONS RECEIVED IN THIS CALENDAR YEAR AS OF THE DATE OF THIS REPORT FROM PERSONS DOMICILED IN THE STATE OF MISSOURI		\$ 0
15. SCHEDULE OF MISSOURI RESIDENTS WHO HAVE CONTRIBUTED AN AGGREGATE OF MORE THAN \$200 IN THIS CALENDAR YEAR AS OF THE DATE OF THIS REPORT.		
A. NAME AND ADDRESS OF CONTRIBUTOR	B. DATE(S) RECEIVED	C. AMOUNT
NAME: N/A - NONE ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.   TREASURER'S SIGNATURE		

PAGE TWO  
OUT OF STATE  
COMMITTEE REPORT

FULL NAME OF COMMITTEE

EVERYTOWN FOR GUN SAFETY ACTION FUND, INC. PAC (EVERYTOWN PAC)

DATE OF REPORT

2/13/2023

OFFICE USE ONLY

17. SCHEDULE OF CONTRIBUTIONS RECEIVED DURING THIS REPORTING PERIOD REGARDLESS OF STATE RESIDENCY

A. NAME AND ADDRESS OF CONTRIBUTOR	B. DATE(S) RECEIVED	C. AMOUNT
NAME: N/A - NONE ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		

18. SCHEDULE OF CONTRIBUTIONS MADE TO MISSOURI COMMITTEES OR CANDIDATES REGARDLESS OF AMOUNT

A. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	B. DATE	C. AMOUNT
NAME: N/A - NONE ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		



MISSOURI ETHICS COMMISSION  
OUT OF STATE COMMITTEE SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE EVERYTOWN FOR GUN SAFETY ACTION FUND, INC. PAC (EVERYTOWN PAC)	DATE 2/13/2023
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**NOTE: If reports are filed with other agencies, list those agencies using this form.**

NAME OF AGENCY: Texas Ethics Commission STATE: Texas ADDRESS: 201 E 14th Street, #10 CITY / STATE / ZIP: Austin, TX 78701
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NAME OF AGENCY: Tennessee Registry of Election Finance STATE: Tennessee ADDRESS: 404 James Robertson Parkway, Suite 104 CITY / STATE / ZIP: Nashville, TN 37243
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NAME OF AGENCY: Arizona Secretary of State STATE: Arizona ADDRESS: 1700 W Washington St Fl 7 CITY / STATE / ZIP: Phoenix AZ 85007
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NAME OF AGENCY: Pennsylvania Department of State STATE: Pennsylvania ADDRESS: 302 North Office Building, 401 North Street CITY / STATE / ZIP: Harrisburg, PA 17120
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NAME OF AGENCY: Michigan Department of State STATE: Michigan ADDRESS: 430 W. Allegan Street, Richard H. Austin Building - 4th Floor CITY / STATE / ZIP: Lansing, MI 48918
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NAME OF AGENCY: STATE: ADDRESS: CITY / STATE / ZIP:
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