



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

C000644

MO Ethics Commission  
 Office Use:  
 JUL 25 2023  
 Rec'd by email

**1. Statement Information**

Date: 7/18/2023  
 Type:  New  Amended (if amending, enter MEC ID C000644 & section changed 3)

**2. Committee Information**

**MO National Education Assoc-PAC**  
 Name of Committee  
1810 East Elm St, Jefferson City, MO 65101 (573) 644-9617  
 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  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

**Patrick Layden**  
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)  
1810 East Elm Street, Jefferson City, MO 65101 (573) 644-9612 (573) 508-8540  
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
**Karen Struempfl**  
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)  
1810 East Elm St, Jefferson City, MO 65101 (573) 644-9617 (573) 508-8550  
 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 \_\_\_\_\_

**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)**

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

Candidate (Candidate Committees Only)

