

A212012



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

MO Ethics Commission
Office Use:
AUG 8 2023
Rec'd by email

1. Statement Information

Date: AUGUST 2, 2023

Type: [] New [X] Amended (if amending, enter MEC ID A212012 & section changed 2, 5-16)

2. Committee Information

BRIGHTER WITH BOYKO

Name of Committee

3 BOXWOOD LN, KIRKWOOD MO 63122

Committee Mailing Address, City, State, & Zip

(314) 853-9488

Telephone Number

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

JEFFREY "JEFF" BROWN

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

34 N. GORE AVE, SUITE 102, WEBSTER GROVES, MO 63119

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

(314) 863-5446

Treasurer's Home Telephone Number

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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

Amendment

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)

MARK BOYKO

Name & Mailing Address, City, State & Zip of Candidate

(314) 853-9488

Telephone Number (Candidate Committees Only)

AUGUST 6, 2024

Election Date

MISSOURI HD 90

Office Sought & Political Subdivision

DEMOCRATIC

Political Party

SUPPORT

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

Candidate (Candidate Committees Only)