

C151004

MO Ethics Commission



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

OCT 31 2023
Office Use:
Rec'd by email

1. ~~Statement of Committee Organization~~
Date: 10-26-2023
Type: New Amended (if amending, enter MEC ID C151004 & section changed 2,3)

2. ~~Committee Information~~
Name of Committee: Ashcroft for Missouri
Committee Mailing Address, City, State, & Zip: P.O. Box 1078, Bolivar, MO 65613
Telephone Number: ()

Official Committee Email Address: _____
County Clerk, Board of Election Commissioners, or Federal PAC/Dir of State Committee
Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. ~~Treasurer/Deputy Treasurer Information~~
Treasurer's Name (First & Last): Kalena Bruce
Treasurer's Mailing Address, City, State, & Zip: 709 S. Albany Ave., Bolivar, MO 65613
Treasurer's Email Address (optional): _____
Treasurer's Home Telephone Number: ()
Treasurer's Work Telephone Number: ()
Deputy Treasurer's Name (if one appointed): _____
Deputy Treasurer's Mailing Address, City, State, & Zip: _____
Deputy Treasurer's Email Address (optional): _____
Dep. Treasurer's Home Telephone Number: ()
Dep. Treasurer's Work Telephone Number: (417) 326-2052

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: _____

5. CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

6. ~~Candidate Support or Opposition (campaign committees must complete this section)~~
Name & Mailing Address, City, State, & Zip of Candidate: _____
Election Date: _____
Office Sought & Political Subdivision: _____
Political Party: _____
Support or Oppose: _____

7. ~~Ballot Measure Support or Opposition (campaign committees must complete this section)~~
Name of Ballot Measure: _____
Election Date & Political Subdivision: _____
Support or Oppose: _____

8. ~~Signature & Certification of 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 hereby is punishable under 575 RSMo.
Committee Treasurer: _____
Candidate (Candidate Committees Only): _____