

C180684

NOV 06 2023



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

HAND DELIVERED

Office Use:

1. Statement Information

Date: 11/6/2023

Type: [ ] New [x] Amended (if amending, enter MEC ID C180684 & section changed 3)

2. Committee Information

American Dream PAC

Name of Committee

217 E. Capitol Ave. Jefferson City, MO 65101

Committee Mailing Address, City, State, & Zip

(816) 213-8282

Telephone Number

Official Committee Email Address

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: [ ] Campaign [ ] Candidate [x] Continuing (PAC) [ ] Debt Service [ ] Exploratory [ ] Political Party

3. Treasurer/Deputy Treasurer Information

Dave Sinclair

Treasurer's Name (First & Last)

2326 W. Osage St. Pacific, MO 63069

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

Treasurer's Email Address (optional)

( )

Treasurer's Home Telephone Number

(636) 257-4055

Treasurer's Work Telephone Number

John Sheehan

Deputy Treasurer's Name (if one appointed)

221 Bolivar St. Suite 400 Jefferson City, MO 65101

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

Deputy Treasurer's Email Address (optional)

( )

Dep. Treasurer's Home Telephone Number

(573) 635-2255

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) [x] 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)

[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)