

C242685



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

MO Ethics Commission

Office Use:  
JAN 11 2024

### Statement of Committee Organization

Rec'd by email

**1. Statement Information**

Date: 1/9/24

Type:  New  Amended (if amending, enter MEC ID C242685 & section changed \_\_\_\_\_)

**2. Committee Information**

Name of Committee: Leadership for America PAC

Committee Mailing Address, City, State, & Zip: PO Box 432 Eureka, MO 63025 Telephone Number: (636) 532-1800

Official Committee Email Address: \_\_\_\_\_

St. Louis County Board of Elections  
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**

Treasurer's Name (First & Last): John Royal

Treasurer's Mailing Address, City, State, & Zip: PO Box 432 Eureka, MO 63025

Treasurer's Email Address (optional): \_\_\_\_\_

Treasurer's Home Telephone Number: (636) 532-1800 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: \_\_\_\_\_

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)  No

**5. Official Bank Account Information (required by all committees)**

Name of issuing institution: \_\_\_\_\_

**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.

[Signature]  
Committee Treasurer

\_\_\_\_\_  
Candidate (Candidate Committees Only)