

C242989

MAY 23 2024



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Rec'd by email
Office Use

1. Statement Information

Date: 5/23/2024

Type: New Amended (if amending, enter MEC ID C242989 & section changed)

2. Committee Information

Missouri First Conservative PAC

Name of Committee

PO Box 144 Jefferson City, MO 65102

Committee Mailing Address, City, State, & Zip

(314) 580-7362

Telephone Number

Cole County

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

Official Committee Email Address

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

3. Treasurer/Deputy Treasurer Information

Timothy Fitch

Treasurer's Name (First & Last)

PO Box 144 Jefferson City, MO 65102

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

Treasurer's Email Address (optional)

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Treasurer's Home Telephone Number

(314) 580-7362

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

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

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)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

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

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Telephone Number (Candidate Committees Only)

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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.

Timothy Fitch 5/23/2024
Committee Treasurer

Candidate (Candidate Committees Only)

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