



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

Missouri Ethics Commission

Office Use:
 JUN 11 2024

1. Statement Information

Date: 6-11-2024
 Type: New Amended (if amending, enter MEC ID C243004 & section changed _____)

2. Committee Information

Renew Action PAC

Name of Committee
401 Locust Street #401 Columbia, MO 65201 (573) 442-1660
 Committee Mailing Address, City, State, & Zip Telephone Number

Brianna Lennon
 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

Jessica Caldera
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)
401 Locust Street #401 Columbia, MO 65201 (314) 640-4915 (573) 442-1660
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number

James Owen
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)
PO Box 1827 Columbia, MO 65205 (417) 496-1924 ()
 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)

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.

/s/ Jessica Caldera
 Committee Treasurer Candidate (Candidate Committees Only)

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