

Amendment

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

Office 17-2024

Rec'd by email

1. Statement Information			
Date: 07/16/2024			
Type: ☐ New ☒ Amended (if amending, enter MEC ID C232361 & section changed 2 and 3)			
2. Committee Information			
Brandon Jenson for SGF			
Name of Committee			
711 S Grant Ave Springfield, MO 65806		(417) 551-1506	
Committee Mailing Address, City, State, & Zip		Telephone Number	
Official Committee Email Address		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			
Brandon Jenson			
Treasurer's Name (First & Last)		Treasurer's Email Address (optional)	
711 S Grant Ave, Springfield, MO 65806		(417) 551-1506	
Treasurer's Mailing Address, City, State, & Zip		Treasurer's Home Telephone Number	
		Treasurer's Work Telephone Number	
Deputy Treasurer's Name (if one appointed)		Deputy Treasurer's Email Address (optional)	
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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 & 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)			
☒ 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.			
Brandon Jenson		Brandon Jenson	
Committee Treasurer		Candidate (Candidate Committees Only)	