

C242734

Missouri Ethics Commission



Missouri Ethics Commission (MEC)

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

Office File: 252026

Statement of Committee Organization

1. Statement Information

Date: 7/23/24
Type: [] New [X] Amended (if amending, enter MEC ID C242734 & section changed 3)

2. Committee Information

Name of Committee: COMMITTEE TO ELECT BILL LUCAS
Committee Mailing Address, City, State, & Zip: 4027 WILKINSON RD, DESOTO MO 63020
Telephone Number: (314) 401-3388

Official Committee Email Address: JEANNIE GOFF JEFFERSON
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): TIM HINCH
Treasurer's Mailing Address, City, State, & Zip: 205 S. 3RD ST. DESOTO MO 63020
Treasurer's Email Address (optional):
Treasurer's Home Telephone Number: (636) 584-9152
Treasurer's Work Telephone Number: N/A

Deputy Treasurer's Name (if one appointed): N/A
Deputy Treasurer's Mailing Address, City, State, & Zip:
Deputy Treasurer's Email Address (optional):
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: Amendment

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 may 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.

Committee Treasurer: [Signature]
Candidate (Candidate Committees Only): [Signature]

Statement of Committee Organization Instructions:

Used to report information for registering a new committee or to amend information for an existing committee.