

A233059



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

SEP 19 2024
Office Use
Received by Email

Statement of Committee Organization

1. **Statement Information**

Date: 09/19/2024
Type: New Amended (if amending, enter MEC ID A233059 & section changed 2, 3, and 5)

2. **Committee Information**

Yes on 5
Name of Committee _____
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. **Officer/Deputy Officer Information**

Kelly Collins
Treasurer's Name (First & Last) _____ Treasurer's Email Address (optional) _____
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) _____
Deputy Treasurer's Mailing Address, City, State, & Zip _____ Dep. Treasurer's Home Telephone Number _____ Dep. Treasurer's Work Telephone Number _____

4. **Additional Committee Officer Information**

Amendment
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. **Banking Information (Candidates must complete this section)**

Name & Mailing Address, City, State, & Zip of Financial Institution _____ Account Name _____ Account Number _____

6. **Candidate Supported or Opposed (Candidates must complete this section)**

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.

K. Collins
Committee Treasurer _____ Candidate (Candidate Committees Only) _____