



Missouri Ethics Commission (MEC)

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

Received by Email

## Office Use:

## Statement of Committee Organization

:	. Statement Information	CONSTRUCTION AND A STATE OF	
	Date: 12/17/2024		
	Type:  New  Amended (if amending, enter MEC ID C	222249 & section	changed 3
2	Committee Information	orași de la construir de la co	changed)
	Sparks for Missouri	TO THE LANGE OF THE STATE OF TH	
	Name of Committee		
	2921 Ossenfort Rd, Wildwood, MO 63038		(314) 221-3348
		ST. LOUIS COUNT	Z. Telephone Number
	Official Committee Email Address	DORRY OF Election	Commissioners
	Committee Type: 🖃 Campaign 🛘 Candidate 🗘 Continuing	County Clerk, Board of Election Commiss	sioners, or Federal PAC/Out of State Committee
3.	Treasurer/Deputy Treasurer Information	R (PAC) LI Debt Service LIE	kploratory
•	Treasurer/Deputy Treasurer Information	<b>通過數學等所認為</b> 與1000年1000年1000年1	
	Treasurer's Name (First & Last)		•
	,	Treasurer's Email Address (optional)	
	Treasurer's Malling Address, City, State, & Zip	Treasurer's Home Telephone Number	(
	DELETE DEPUTY TREASURER	REMOVE	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed) REMOVE	Deputy Treasurer's Email Address (option	nal)
	Deputy Treasurer's Mailing Address, City, State, & Zip	() REMOVE	REMOVE
		Dep. Treasurer's Home Telephone Numb	er Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information	(A) 10 (10 ) (A) (A) (A) (A) (A) (A) (A) (A) (A) (	AND
	the state of the s		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Ad	ddress, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address	,
	CANDIDATES: Do you have more than one candidate committee	The state of gainzation's Mailing Address	s, City, State, & Zip
5.	CANDIDATES: Do you have more than one candidate committee?   Yes (refer to instructions on back)  No Official Bank Account Information (required by all committees)		
		A transfer to the section of the section of the section	25.00
	Name & Mailing Address, City, State, & Zip of Financial Institution		
6.	Candidate Supported or Opposed (candidate committees mus	Account Name	Account Number
	- Sphesea (candidate committees mus	t include self, if candidate)	
	Name & Malling Address, City, State & ZIp of Candidate	Telephone Number (Condition Conditions	_ ()
		Telephone Number (Candidate Committee	es Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees	must complete this are: 100	area ophose
		must complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	
8.	Signature(s) – Check certification(s) & sign (required by all com		Support or Oppose
	affirm and attest under negative of porture that information		
1	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I rther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
,	The office Statement of	deciaration made nerein is pur	nishable under Ch. 575 RSMo.
	Committee Treasurer	Justin St	rarks
'	The second of th	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 1/2021)

Page 1 of 3