(1) 242150

Missouri Ethics Commission



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

Statement of Committee Organization

Receive

Received by Email

1	Statement Information					
	Date. 12/19/2024	45015 C24	3150		.2 5	
	Type: New Amended (if amending, enter N				anged 2 , 5)
2	Committee Information Bryan Cave LLP Political Fund MO					
	Name of Committee				<u></u>	
					()	
	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					
	Treasurer's Name (First & Last) Treasurer's Email Address (optional)					
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	Treasurer's Mailing Address, City, State, & Zip		Treasurer's Home Tele	phone Number	() Treasurer's Work To	elephone Number
				•	æ	
	Deputy Treasurer's Name (if one appointed)		Deputy Treasurer's Em	ail Address (optional)	·	
			()		()	
	Deputy Treasurer's Mailing Address, City, State, & Zip		Dep Treasurer's Home	Telephone Number	Dep Treasurer's We	ork Telephone Number
.,	Additional Committee Information Additional Committee Officer's Name & Title (If any) Additional Committee Officer's Name & Title (If any)					
	Connected Organization's Name (if any)		Connected Organization	n's Mailing Address, Ci	ty, State, & Zio	
	CANDIDATES. Do you have more than one candidate	Committee				
5	Official Bank Account Information (required by all of	ammittees)	Li Yes (refer to)	nstructions on b	ack) LINO	The state of
6						
Ü	Candidate Supported or Opposed (candidate comm	ittees must i	nclude self, if ca	ndidate)		Company of the state of
	Name & Mailing Address, City, State & Zip of Candidate		()		()	
	warne & Marting Address, City, State & Zip of Candidate		Telephone Number (Ca	ndidate Committees O	niy)	
	Election Date Office Sought & Political Subdiv	Ision	Political Party		Support or Oppose	
7	Ballot Measure Supported or Opposed (campaign co	ommittees m	ist complete thi	s saction)	Natur	na A nag
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Name of Ballot Measure		Election Date & Politica	Subdivision	Support or Oppose	
8.	Signature(s) — Check certification(s) & sign (required	by all comm	ttees)		Mark St. Villa	V - 124 (1)
Š						
1	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate I ther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch 575 RSMo					
	/2 , 21:11					575 KUMU
	Committee Treasurer		Candidata (Cont.)			
	ROO-1308		Candidate (Candidate Co	mmittees Only)		

Packet (Rev 1/2021)