

C242734



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

Missouri Ethics Commission

Office Use:

JAN 07 2025

Received by Mail

1. Statement Information

Date: 1-2-24Type: ☐ New ☒ Amended (if amending, enter MEC ID C242734 & section changed _____)

2. Committee Information

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. Treasurer/Deputy Treasurer Information

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 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)

BILL LUCAS 4027 WILKINSON RD DESOTO MO 63020 (314) 401-3388

Name & Mailing Address, City, State & Zip of Candidate _____

Telephone Number (Candidate Committees Only) _____

8/4/26 Election Date

STATE REP DIST 115 Office Sought & Political Subdivision

REPUBLICAN Political Party

SUPPORT 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.

Thomas W. [Signature]
Committee Treasurer

William Lucas
Candidate (Candidate Committees Only)