

C253412



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:
FEB 27 2025
Received by Email

1. Statement Information

Date: 2/27/2025
Type: [X] New [ ] Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

2. Committee Information

FLOWER FUND PAC
Name of Committee
8916 APACHE LN. OVERLAND, MO 63114 (314) 339-0795
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 [X] Continuing (PAC) [ ] Debt Service [ ] Exploratory [ ] Political Party

3. Treasurer/Deputy Treasurer Information

JASON KELLEY
Treasurer's Name (First & Last)
8916 APACHE LN. OVERLAND, MO 63114 (314) 339-0795 (314) 781-1705
Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number 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

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)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

DOUG CLEMENS 12518 BOYLSTON AVE. (314) 285-3498
Name & Mailing Address, City, State & Zip of Candidate ST. ANN, MO 63074 Telephone Number (Candidate Committees Only)
8/4/2026 SENATOR DISTRICT 14 DEMOCRATIC SUPPORT
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)

[X] 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,

Signature of Jason Kelley
Committee Treasurer

Candidate (Candidate Committees Only)