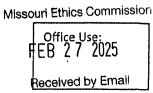


Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization



1.	Statement Information		
	Date: 0/21/2025		
2	Type: ☑ New ☐ Amended (if amending, enter MEC ID	& section ch	angeo)
2.	Committee Information FLOWER FUND PAC		
	8916 APACHE LN. OVERLAND, WG 63 Committee Mailing Address, City, State, & Zip	3114	(314) 339-0785 Telephone Number
	Official Committee Email Address	County Clerk, Board of Election Commission	
Committee Type: ☐ Campaign ☐ Candidate ☑ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Pol			oratory
3.	Treasurer/Deputy Treasurer Information		
	JASON KELLEY		
	Treasurer's Name (First & Last) 6916 APACHE LN. DUERLAND, MO 63114 Treasurer's Mailing Address, City, State, & Zip	Treasurer's Email Address (optional) (314) 339-0795 Treasurer's Home Telephone Number	(<u>314</u>) 781 - 1705 Treasurer's Work Telephone Number
	N /4	,	·
	Deput/Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	N/A	()	<u>(·)</u>
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information	等1至是明朝的 [18]	
	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 b	pack) 🗆 No
5.	Official Bank Account Information (required by all committees)		
5.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
	DOUG CLEMENS 10518 BOYLSTON AVE.	(314) 285-3498	()
	Name & Mailing Address, City, State & Zip of Candidate ST. ANN, MO 63074	Telephone Number (Candidate Committees C	Only)
	8/4/2026 SENATOR DISTRICT 14 Election Date Office Sought & Political Subdivision	DEMOCRATIC Political Party	Support or Oppose
_	•	`	
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	AND Explored to the control of the September 1989.
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
Signature(s) — Check certification(s) & sign (required by all committees) Ill affirm and attest under penalty of perjury that information and facts in this report are complete, true, and further acknowledge that I am aware that any false statement or declaration made herein is punishable under			
(Committee Treasurer	Candidate (Candidate Committees Only)	