

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: SEP 17 2025

Received by Email

3. STATEMENT INFORMATION		
Date: 9-14-2025		
Type: New Amended (if amending, enter MFID	C24267V & section(s) changed)
2. COMMITTEE INFORMATION		
Ready to Lead With Tunya	Rush	
Name of committee		, and 3
5494 Brown Road, Hazelwood 6	3042 STE 107 314-	274-5672
Committee mailing address, city, state, & ZIP code	Telephone n	umber
Official committee email address	County clerk, Board of Election Com	missioners, or Federal PAC/Out-of-state
Committee Type: Campaign Candidate Continuing		Political Party
3. TREASURER/DEPUTY TREASURER INFORMATION		The state of the s
Treasurer's name (first & last) Treasurer's	malling address, city, state, & ZIP code	<i>j.</i>
No	lvant	
Treasurer's email address (optional)	home telephone number Treasu	rer's work telephone number
Deputy treasurer's name (if one is appointed) Deputy treasurer's name (if one is appointed)	surer's mailing address, city, state, & ZIP code	in the state of th
Deputy treasurer's email address (optional) Dep. treasu	rer's home telephone number Dep. to	reasurer's work telephone number
4. ADDITIONAL COMMITTEE INFORMATION		
Additional committee officer's name & title (if any)	Additional committee officer's mailing address, cit	y, state, & ZIP code
Connected organization's name (if any)	Connected organization's mailing address, city, sta	ate, & ZIP code
CANDIDATES: If the candidate for which this committee is formed has more than	one candidate committee (may only have one per o	ffice sought) disclose on the committee
name & address along with the name, address, & phone number of the treasure 5. OFFICIAL BANK ACCOUNT INFORMATION (required for all co	ir & designate the aggregating committee on an attac	ched sheet.
5. OFFICIAL BANK ACCOUNT INFORMATION (required for all co	mmittees).	
Name & mailing address, city, state, and & ZIP code of financial institution	Account name	Account number
6. COMMITTEE CREDIT CARD(s)		
Account number of committee credit card (if any)	Issuer of committee credit card (if any)	and the second of the second s
7. CANDIDATE SUPPORTED OR OPPOSED (candidate committee	e must include self, if candidate)	
TRAILA PULLA 5494 Brown Road Hardwooder		
Name & mailing address, city, state, & ZIP code of candidate	Telephone number (candidate committees only)	
8-4-2026 State Representative	Democrat	- Support
Election date Office sought & political subdivision	Political party	Support or oppose



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Statement of Committee Organization, cont.

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ame of ballot meas	ure	Election date & political subdivision	Support or appase
allot measure sumn	nary		garages a particular country from the transporter conserved the transporter by the transporter programment of the transporte
SIGNATURE(S	AND CERTIFICATION(S) (requ	lired for all committees)	Yan in a san the san we
ALL COMMITTE aware that any	EES: I affirm and attest under penalty of false statement or declaration made h	of perjury that information and facts in this report are complete, true, an nerein is punishable under Chapter 575, RSMo	id accurate. I further acknowledge that I arr
	PACS), CAMPAIGN, & POLITICAL PART § 130.170, BSMo, for complete definiti PACS (FACTOR OF A PACTICAL PART (required for all complittees)	ry COMMITTEES ONLY: I certify that no pru iminary activity was funded I jope of preliminary activity," "prohibited spurces," & "directly or indirect Candidate (required for candidate comm	:tly,")
OUR! Ex	•		
		Commission (MEC) y MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov	Office Use:
OVALUE 10th	Electronic Filin	g Agreement	-
77 F 1 72 W			
AGREEMENT te:	INFORMATION : (if known):	ted by local campaign committees to support or oppose lo	ocal ballot measures.
AGREEMENT I te: 9 pe: N COMMITTEE I PLACY	INFORMATION		ocal ballot measures.
AGREEMENT I te: 9 pe: N COMMITTEE I P-EACLY me of committee	INFORMATION \(\frac{1}{4} - \colon \cdots \) MECID (if known): ew \(\frac{1}{2}\) Amended NFORMATION	CZ42476	
AGREEMENT Inte: 9 - No.	INFORMATION 14-2025 MECID (if known): ew	Tonya Rush	
AGREEMENT ate: 9 rpe: N COMMITTEE I PLACY ame of committee fficial committee en ELECTRONIC F	INFORMATION Y-2025 MECID (if known): ew	Tonya Rush	nce electronic filing system)
AGREEMENT Inte: 9 Inpe: N COMMITTEE I PLACY Inme of committee Ficial committee ELECTRONIC F Its committee agree In receives this agree.	INFORMATION YU-2025 MECID (if known): ew		nce electronic filing system) stem and understands that after the Committh
AGREEMENT ate: 9 rpe: N COMMITTEE I PLACY ame of committee ficial committee en ELECTRONIC F als committee agree on receives this agree	INFORMATION YU-2025 MECID (if known): ew	munication from MEC and is part of your login to the campaign final eports using the Missouri Ethics Commission's (MEC) electronic filing sy be required to file a perp format copy of its campaign finance reports we election commissioners) - The MEC will give notice of this agreement to	nce electronic filing system) stem and understands that after the Commovith