

C211751



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 18 2025

Received by Email

1. Statement Information

Date: 08/20/2025

Type: ☐ New ☒ Amended (If amending, enter MEC ID C211751 & section changed 6)

2. Committee Information

Wilson for Saint Charles

Name of Committee

3492 Wainwright Street, St. Charles, MO 63301 (314) 540-1965

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

Amendment

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)

Travis Wilson 3492 Wainwright Street (314) 540-1965
Name & Mailing Address, City, State & Zip of Candidate St. Charles, MO 63301 Telephone Number (Candidate Committees Only)
8/4/2026 State Rep, Dist. 106 Republican
Election Date Office Sought & Political Subdivision Political Party
Support or Oppose self

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.

Committee Treasurer

Candidate (Candidate Committees Only)