



MISSOURI ETHICS COMMISSION
Office Use:
OCT 16 2025
HAND DELIVERED

Statement of Committee Organization

1. STATEMENT INFORMATION

Date: 10/16/25
Type: New Amended (If amending, enter MEID C232608 & section(s) changed 5, 6)

2. COMMITTEE INFORMATION

Name of committee: Amendment
Committee mailing address, city, state, & ZIP code: _____ 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 mailing address, city, state, & ZIP code: _____
Treasurer's email address (optional): _____ Treasurer's home telephone number: _____ Treasurer's work telephone number: _____
Deputy treasurer's name (if one is appointed): _____ Deputy treasurer's mailing address, city, state, & ZIP code: _____
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 code: _____
Connected organization's name (if any): _____ Connected organization's mailing address, city, state, & ZIP code: _____
CANDIDATES: If the candidate for which this committee is formed has more than one candidate committee (may only have one per office sought) disclose on the committee name & address along with the name, address, & phone number of the treasurer & designate the aggregating committee on an attached sheet.

5. OFFICIAL BANK ACCOUNT INFORMATION (required for all committees)

6. COMMITTEE CREDIT CARD(s)

Account number of committee credit card (if any): _____ Issuer of committee credit card (if any): _____

7. CANDIDATE SUPPORTED OR OPPOSED (candidate committee must include self, if candidate)

Name & mailing address, city, state, & ZIP code of candidate: _____ Telephone number (candidate committees only): _____
Election date: _____ Office sought & political subdivision: _____ Political party: _____ Support or oppose: _____



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization, cont.

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8. BALLOT MEASURE SUPPORTED OR OPPOSED (campaign committees must complete this section)

Name of ballot measure	Election date & political subdivision	Support or oppose
Ballot measure summary		

9. SIGNATURE(S) AND CERTIFICATION(S) (required for all committees)

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 Chapter 575, RSMo

CONTINUING (PACS), CAMPAIGN, & POLITICAL PARTY COMMITTEES ONLY: I certify that no preliminary activity was funded by prohibited sources, whether directly or indirectly (see § 130.170, RSMo, for complete definitions of "preliminary activity," "prohibited sources," & "directly or indirectly.")

Committee treasurer (required for all committees)

Candidate (required for candidate committees only)



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Electronic Filing Agreement

Office Use:

This agreement is to be completed by local campaign committees to support or oppose local ballot measures.

1. AGREEMENT INFORMATION

Date: _____ MECID (if known): _____

Type: New Amended

2. COMMITTEE INFORMATION

Name of committee

Official committee email address (this address is used for communication from MEC and is part of your login to the campaign finance electronic filing system)

3. ELECTRONIC FILING AGREEMENT

This committee agrees to file all future campaign finance reports using the Missouri Ethics Commission's (MEC) electronic filing system and understands that after the Commission receives this agreement the committee will no longer be required to file a perp format copy of its campaign finance reports with

Name of local election authority (county clerk or board of election commissioners) - The MEC will give notice of this agreement to this entity.

Signature & title (treasurer or deputy treasurer)

VETERANS INFORMATION

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/MEC>