



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
OCT 20 2025

Received by Email

1. STATEMENT INFORMATION

Date:

10/19/25

Type:

☐

New

☒

Amended (if amending, enter MEID

C242728

& section(s) changed

7

2. COMMITTEE INFORMATION

Name of committee

Committee mailing address, city, state, & ZIP code

Telephone number

Official committee email address

Amendment

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)

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)

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

Wick Thomas PO Box 6601 KCMO 64123-0001 816 799 5429

Name & mailing address, city, state, & ZIP code of candidate

Telephone number (candidate committees only)

Aug 4, 2026 MO State Rep Dist 19

Democrat

Election date

Office sought & political subdivision

Political party

Support

Support or oppose



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Statement of Committee Organization, cont.

Office Use:

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.")

Clay J. Smith

Committee treasurer (required for all committees)

W. J. Smith

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 paper 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

For Veterans: This form is required for all Veterans filing for election to public office. It is a condition of filing that you and your dependents are not receiving any federal, state, or local benefits or resources available to you and your dependents.