



C232431

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:
 JAN 13 2026
 Received by Email

1. STATEMENT INFORMATION

Date: 01/13/2026

Type: New Amended (if amending, enter MEID C232431 & section(s) changed 3)

2. COMMITTEE INFORMATION

Name of committee

Committee mailing address

Telephone number

Committee city, state, & ZIP code

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

Amendment

3. TREASURER/DEPUTY TREASURER INFORMATION

Tramaine Cooper

314-671-3490

Treasurer's name (first & last)

Treasurer's email address (optional)

Treasurer's telephone number

8708 Garden CT Saint Louis, MO 63144

Treasurer's mailing address, city, state, ZIP code

Treasurer's work telephone number

Deputy Treasurer's name (first & last) - (If one is appointed)

Deputy Treasurer's email address (optional)

Deputy Treasurer's telephone number

Deputy Treasurer's mailing address, city, state, ZIP code

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 of Bank or Financial Institution

Mailing address of Bank or Financial Institution

City, State, ZIP code

Account name

Account number

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Statement of Committee Organization, cont.

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5. SAVINGS OR OTHER BANK ACCOUNT INFORMATION

Name of Bank or Financial Institution
Mailing address of Bank or Financial Institution
City, State, ZIP code
Account name Account number

6. COMMITTEE CREDIT CARD(S)

Issuer of committee credit card (Name of bank/Institution that issued card or Amex, Discover/ Etc.) Account number of committee credit card

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

Name of Candidate Mailing address of Candidate
City, state, & ZIP code of Candidate Telephone number (candidate committees only) Office running for
Election date Political Party Subdivision (e.g. County, City or District where the office is located) Support or oppose

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

Name of ballot measure Election Date Subdivision (e.g. Statewide, County, City or District)
Support or Oppose Ballot measure summary

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

[X] 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
[X] 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)

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

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