



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

C211579

MISSOURI ETHICS COMMISSION
Office Use

JAN 15 2026

HAND DELIVERED

1. STATEMENT INFORMATION

Date: 1/14/2026

Type: New Amended (if amending, enter MEID)

C211579

& section(s) changed

2, 3, 5

2. COMMITTEE INFORMATION

Brad Christ for Missouri

Name of committee

PO Box 8651

314-390-6914

Committee mailing address

St Louis MO 63126

Telephone number

Committee city, state, & ZIP code

Amendment

St Louis County Board of Elections

County clerk, Board of Election Commissioners, or Federal PAC/Out-of-state committee

Official committee email address

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party**3. TREASURER/DEPUTY TREASURER INFORMATION**

Dave Sinclair

314-390-6914

Treasurer's name (first & last)

Treasurer's email address (optional)

Treasurer's telephone number

PO Box 8651, St Louis MO 63126

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

Treasurer's work telephone number

Nicole Garrett

314-390-6914

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

Deputy Treasurer's email address (optional)

Deputy Treasurer's telephone number

PO Box 8651, St Louis MO 63126

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

1

Mailing address of Bank or Financial Institution

City, State, ZIP code

Account name

Account number

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Office Use:

Statement of Committee Organization, cont.

5. SAVINGS OF 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

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

Account number of committee credit card

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

Account number of committee credit card

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

Name of ballot measure

Election Date

Subdivision (e.g. Statewide, County, City or District)

Support or Oppose

Ballot measure summary

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)

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://myc.dps.mo.gov/MoVeteransInformation/Survey/MEC>

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