

C222141



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov
Statement of Committee Organization

Office Use:

1. STATEMENT INFORMATION

Date: 2/25/26
Type: [ ] New [X] Amended (If amending, enter MEID C222141 & section(s) changed 2 and 3 )

2. COMMITTEE INFORMATION

Freedom Principle MO Missouri First PAC
Name of committee: PO Box 2
Committee mailing address: Ballwin, MO 63022
Committee city, state, & ZIP code: Ballwin, MO 63022
Official committee email address:
Committee Type: [ ] Campaign [ ] Candidate [X] Continuing (PAC) [ ] Debt Service [ ] Exploratory [ ] Political Party
STL County BoE Commisioners
County clerk, Board of Election Commissioners, or Federal PAC/Out-of-state committee

Amendment

3. TREASURER/DEPUTY TREASURER INFORMATION

Kate Sickles
Treasurer's name (first & last): Kate Sickles
Treasurer's mailing address, city, state, ZIP code: PO Box 2 Ballwin, MO 63022
Treasurer's telephone number: 314-369-5899
Deputy Treasurer's name (first & last) - (If one is appointed):
Deputy Treasurer's mailing address, city, state, ZIP code:

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

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.")

[Signature]
Committee treasurer (required for all committees)

[Signature]
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://myc.dps.mo.gov/MoVeteransInformation/Survey/MEC

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