



Missouri Ethics Commission (MEC) C253509
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Missouri Ethics Commission

Office Use:

SEP 02 2026

Received by Email

Statement of Committee Organization

1 STATEMENT INFORMATION

Date: 9/1-/20265

Type: ☐ New ☒ Amended (if amending, enter MEID C253509 & section(s) changed 2)

2 COMMITTEE INFORMATION

Name of committee

Committee mailing address

Amendment

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

3 TREASURER/DEPUTY TREASURER INFORMATION

Treasurer's name (first & last)

Treasurer's email address (optional)

Treasurer's telephone number

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

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

Account number of committee credit card

7 CANDIDATES 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

☒ **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)

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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