



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office SEP 22 2017

Statement of Committee Organization

1. Statement Information

Date: 09/20/2017

Type: New Amended (if amending, enter MEC ID C171222 & section changed 2-3-4)

2. Committee Information

Missouri First PAC, Inc.

Name of Committee

205 E. Capitol Ave. #100, Jefferson City, MO 65101

Committee Mailing Address, City, State, & Zip

(573) 634-8760

Telephone Number

County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Lindsay Roepe

Treasurer's Name (First & Last)

714 Hobbs Rd., Jefferson City, MO 65101

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(573) 301-3866

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Deputy Treasurer's Name (if appointed)

Amendment

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Cheri Gibson, President

Additional Committee Officer's Name & Title (if any)

205 E. Capitol Ave. #100, Jefferson City, MO 65101

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate

() Telephone Number (Candidate Committees Only)

Election Date

Office Sought & Political Subdivision

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by 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 Ch. 575 RSMo.

Lindsay Roepe

Committee Treasurer

Candidate (Candidate Committees Only)