



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

Office Used **NOV 02 2018**

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 11/2/2018

Type: New Amended (if amending, enter MEC ID C180684 & section changed _____)

2. Committee Information

American Dream PAC

Name of Committee

PO Box 144 Jefferson City, MO 65102

Committee Mailing Address, City, State, & Zip

(573) 635-6196

Telephone Number

Cole County Clerk

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Ron Richard

Treasurer's Name (First & Last)

PO Box 144 Jefferson City, MO 65102

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

Treasurer's Email Address (optional)

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Treasurer's Home Telephone Number

(417) 781-0206

Treasurer's Work Telephone Number

John Sheehan

Deputy Treasurer's Name (if one appointed)

PO Box 144 Jefferson City, MO 65102

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

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

(573) 635-2255

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

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

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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.

[Signature]
Committee Treasurer

Candidate (Candidate Committees Only)