

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

Office Use: A211907

Statement of Committee Organization

| 1. | Statement Information | | |
|----|---|--|---------------------------------------|
| | Date: 04/26/2021 | | |
| | Type: New Amended (if amending, enter MEC ID | & section cha | anged) |
| 2. | Committee Information | | |
| | Fair Access Missouri | | |
| | Name of Committee | | |
| | 3421 St Rt H Fayette, MO 65248 Committee Mailing Address, City, State, & Zip | (573) 489-6980 Telephone Number | |
| | [REDACTED] | Howard County Clerk | |
| | Official Committee Email Address | County Clerk, Board of Election Commission | |
| | Committee Type: Campaign Candidate Continuing | (PAC) Debt Service Ex | ploratory Political Pary |
| 3. | Treasurer/Deputy Treasurer Information | | |
| | Jodi McSwain | [REDACTED] | |
| | Treasurer's Name (First & Last) | Treasurer's Email Address (optional) | |
| | 3421 St Rt H Fayette, MO 65248 Treasurer's Mailing Address, City, State, & Zip | (573) 489-6981 | (573) 489-6980 |
| | Treasurer's training Address, City, State, & Zip | | Filone 2 |
| | Deputy Treasurer's Name (if one appointed) | [REDACTED] Deputy Treasurer's Email Address (optional) | |
| | | | |
| | , Deputy Treasurer's Mailing Address, City, State, & Zip | Phone 1 | Phone 2 |
| 4. | Additional Committee Information | | |
| | Eric McSwain (President) Jodi McSwain (Treasurer) | 65248 | |
| | | | |
| | Additional Committee Officer's Name & Title (if any) | Additional Committee Officer's Mailing Addr | ess, City, State, & Zip |
| | Connected Organization's Name (if any) | Connected Organization's Mailing Address, C | City, State, & Zip |
| | CANDIDATES: Do you have more than one candidate committee? | Yes (refer to instructions on back) | |
| 5. | Official Bank Account Information (required by all committees) | | |
| | [REDACTED] | [REDACTED] | [REDACTED] |
| | Name & Mailing Address, City, State, & Zip of Financial Institution | Account Name | Account Number |
| 6. | andidate Supported or Opposed (candidate committees must include self, if candidate) | | |
| | | | |
| | Name & Mailing address, City, State, & Zip of Candidate | Phone 1 | Phone 2 |
| | Election Date Office Sought & Political Subdivision | Political Party | Support or Oppose |
| 7. | Ballot Measure Supported or Opposed (campaign committees mu | | · · · · · · · · · · · · · · · · · · · |
| | | | Guereart |
| | Not Yet Named Name of Ballot Measure | 11/08/2022, City of Fayette Election Date & Political Subdivision | Support Support or Oppose |
| 8. | Signature(s) Check certification(s) & sign (required by all committ | ees) | |
| | ■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. | | |
| | ELECTRONICALLY FILED Apr 26 2021 11:30 AM | ELECTRONICALLY FILED Apr 2 | |

Candidate (Candidate Committees Only)

Committee Treasurer