



Office Use:
C211718

Statement of Committee Organization

1. Statement Information

Date: 10/08/2021
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Sandy PAC
Name of Committee
PO Box 638 Columbia, MO 65205 (573) 256-7060
Committee Mailing Address, City, State, & Zip Telephone Number
[REDACTED] Boone County Clerk
Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee
Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

<u>Heather Grote</u> Treasurer's Name (First & Last)	<u>[REDACTED]</u> Treasurer's Email Address (optional)
<u>PO Box 638 Columbia, MO 65205</u> Treasurer's Mailing Address, City, State, & Zip	<u>(573) 256-7060</u> Phone 1 Phone 2
<u>/</u> Deputy Treasurer's Name (if one appointed)	<u>[REDACTED]</u> Deputy Treasurer's Email Address (optional)
<u>/</u> Deputy Treasurer's Mailing Address, City, State, & Zip	<u>/</u> Phone 1 Phone 2

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)

[REDACTED] [REDACTED] [REDACTED]
Name & Mailing Address, City, State, & Zip of Financial Institution Account Name Account Number

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

<u>/</u> Name & Mailing address, City, State, & Zip of Candidate	<u>/</u> Phone 1	<u>/</u> Phone 2
<u>/</u> Election Date	<u>/</u> Office Sought & Political Subdivision	<u>/</u> Political Party
		<u>/</u> Support or Oppose

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

<u>/</u> Name of Ballot Measure	<u>/</u> Election Date & Political Subdivision	<u>/</u> Support or Oppose
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8. Signature(s) Check certification(s) & sign (required by all committees)

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 Oct 8 2021 10:41 AM ELECTRONICALLY FILED Oct 8 2021 10:41 AM
Committee Treasurer Candidate (Candidate Committees Only)