

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

Statement of Committee Organization

Office Use:	1
C221906	

1. State	ement Inform	ation			
Date:	e: <u>03/14/2022</u>				
Type:	New Amended (if amending, enter MEC ID_		& section changed)		
2. Com	mittee Inform	nation			
	nts Bill of Right	ts PAC			
	Committee	son City, MO 65101		(816) 213-8282	
	tee Mailing Address,			Telephone Number	
<u>-</u>	ACTED] Committee Email Add		Cole County Clerk	oners, Federal PAC/Out of State Committee	
	nittee Type:	Campaign Candidate Continuing		Exploratory Political Pary	
		Treasurer Information	g(rre)		
		Treasurer information	(DED A CTED)		
	e Conway er's Name (First & Las	st)	[REDACTED] Treasurer's Email Address (optional)		
504 S	ummerbrook	Estates Ct. Wentzville, MO 63385	(314) 239-5321		
	er's Mailing Address,		Phone 1	Phone 2	
Denuty ⁻	Treasurer's Name (if	one appointed)	[REDACTED] Deputy Treasurer's Email Address (optional	al)	
Deputy	rreasarer s rrame (m	one appointed,	Departy Treasurer's Email Address (options	.,,	
Deputy 1	Treasurer's Mailing A	ddress, City, State, & Zip	Phone 1	Phone 2	
4. Addit	ional Commit	ttee Information			
Addition	al Committee Officer	's Name & Title (if any)	Additional Committee Officer's Mailing Ad	dress, City, State, & Zip	
Connect	ed Organization's Na	me (if any)	Connected Organization's Mailing Address, City, State, & Zip		
CANE	CANDIDATES: Do you have more than one candidate committee?		Yes (refer to instructions on back) No		
5. Offici	al Bank Accou	unt Information (required by all committees)		_	
	ACTED]		[REDACTED]	[REDACTED]	
<u> </u>		, State, & Zip of Financial Institution	Account Name	Account Number	
5. Cand i	idate Support	ed or Opposed (candidate committees must in	nclude self, if candidate)		
		-			
Name &	Mailing address, City	y, State, & Zip of Candidate	Phone 1	Phone 2	
Election	Date	Office Sought & Political Subdivision	Political Party	Support or Oppose	
7. Ballo	t Measure Su	pported or Opposed (campaign committees m	ust complete this section)		
Name of	f Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
3. Signa	ture(s) Check	certification(s) & sign (required by all commit	tees)		
	affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I				
		ge that I am aware that any false statement or	·		
	TRONICALLY F	NICALLY FILED Mar 9 2022 10:57 AM ELECTRONICALLY FILED Mar 9 2022 10:57 AM Candidate (Candidate Committees Only)			