

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

Office Use: C221996

Statement of Committee Organization

1.	Statement Information			
	Date: 04/08/2022			
	Type: New Amended (if amending, enter MEC ID	& section cha	inged)	
2.	Committee Information			
	Citizens for Common Sense PAC Name of Committee			
	PO Box 52 Jefferson City, MO 65102		(573) 616-1845	
	Committee Mailing Address, City, State, & Zip		Telephone Number	
	[REDACTED]	Cole County Clerk		
	Official Committee Email Address	County Clerk, Board of Election Commissione		
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Ex	ploratory Political Pary	
3.	Treasurer/Deputy Treasurer Information			
	Amber Watson	[REDACTED]		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	PO Box 52 Jefferson City, MO 65102	(573) 616-1845		
	Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2	
		[REDACTED]		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)		
	, Deputy Treasurer's Mailing Address, City, State, & Zip	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, C	ity, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions	on back) No	
5.	ficial 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 m	ust complete this section)		
<i>.</i>		ast complete this section,		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	Signature(s) Check certification(s) & sign (required by all commit	tees)		
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	■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			
		ECTRONICALLY FILED Apr 8 2022 12:59 PM ELECTRONICALLY FILED Apr 8 2022 12:59 PM		
	Committee Treasurer	Candidate (Candidate Committees Only)	2022 12.JJ FIVI	