

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

Office Use: C222139

² Statement of Committee Organization

1.	Statement Information		
	Date: 05/26/2022	9 apation abo	need)
_	Type: New Amended (if amending, enter MEC ID	& section cha	inged)
2.	Committee Information		
	The Fitswell Foundation for Ethical Governance Name of Committee		
	P.O. Box 447 Roach, MO 65787		(660) 232-2460
	Committee Mailing Address, City, State, & Zip	Comdon County Clark	Telephone Number
	[REDACTED] Official Committee Email Address	Camden County Clerk County Clerk, Board of Election Commissione	ers, Federal PAC/Out of State Committee
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Ex	ploratory Political Pary
3.	Treasurer/Deputy Treasurer Information		
	Nathan Rinne	[REDACTED]	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	P.O. Box 447 Roach, MO 65787 Treasurer's Mailing Address, City, State, & Zip	(660) 232-2460 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, Ci	ity State & Zin
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions of	
-	Official Bank Account Information (required by all committees)		
э.			
	[REDACTED] Name & Mailing Address, City, State, & Zip of Financial Institution	[REDACTED] Account Name	[REDACTED] Account Number
6.	Candidate Supported or Opposed (candidate committees must in	clude 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 me	ust 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	-	
	■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 RS		
	- ,		
	ELECTRONICALLY FILED May 26 2022 03:26 PM Committee Treasurer	ELECTRONICALLY FILED May Candidate (Candidate Committees Only)	20 2022 03:20 2101
м	MO 300-1308		