



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:
 C222273

1. Statement Information

Date: 09/27/2022
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Missouri Leadership PAC
 Name of Committee
901 E Battlefield St Springfield, MO 65807 (417) 881-6623
 Committee Mailing Address, City, State, & Zip Telephone Number
[REDACTED] Greene 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>Trevor Crist</u> Treasurer's Name (First & Last)	<u>[REDACTED]</u> Treasurer's Email Address (optional)
<u>901 E Battlefield Springfield, MO 65807</u> Treasurer's Mailing Address, City, State, & Zip	<u>(417) 881-6623</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 Sep 27 2022 11:06 AM ELECTRONICALLY FILED Sep 27 2022 11:06 AM
 Committee Treasurer Candidate (Candidate Committees Only)