

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:	
C222279	

1.	Statement Information				
	Date: <u>10/04/2022</u>				
	Type: New Amended (if amending, enter MEC ID	& section changed			
2.	Committee Information	nittee Information			
	Sparks PAC				
	Name of Committee  115 Baxter Road St. Louis , MO 63011		(214) 520 1540		
	Committee Mailing Address, City, State, & Zip		(314) 520-1540 Telephone Number		
	[REDACTED]	St. Louis County Board of Ele			
	fficial 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 Pary				
3.					
	Joe Patterson Treasurer's Name (First & Last)	[REDACTED] Treasurer's Email Address (optional)			
	115 Baxter Road St. Louis , MO 63011	(314) 520-1540			
	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. <b>A</b> c	dditional Committee Information				
,	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addr	ess, 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)			
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		clude self, if candidate)			
	Justin Sparks				
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2		
	Election Date  State Representative Office Sought & Political Subdivision	Political Party	Support or Oppose		
7	Ballot Measure Supported or Opposed (campaign committees me		Support of Oppose		
, .	banot Measure Supported of Opposed (campaign committees in	ast complete this section,			
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose		
3.	gnature(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				
	rther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.				
	ELECTRONICALLY FILED Oct 4 2022 05:12 PM	ELECTRONICALLY FILED Oct 4 2022 05:12 PM			
	Committee Treasurer	Candidate (Candidate Committees Only)			