

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

Office Use: C232347

Statement of Committee Organization

1.	Statement Information			
	Date: 01/06/2023			
	Type: New Amended (if amending, enter MEC ID	& section ch	anged)	
r			,,	
2.	Committee Information			
	HOMEFRONT PAC Name of Committee			
			(572) 607 1919	
	1400 Forum Blvd Suite 7A, #404 Columbia, MO 65203 Committee Mailing Address, City, State, & Zip		(573) 607-1818 Telephone Number	
	[REDACTED]	Boone County Clerk		
	Official Committee Email Address	County Clerk, Board of Election Commission	ners, Federal PAC/Out of State Committee	
	Committee Type: Campaign Candidate Continuing	xploratory Political Pary		
3	Treasurer/Deputy Treasurer Information	Treasurer/Deputy Treasurer Information		
5.				
	Mike Campbell Treasurer's Name (First & Last)	[REDACTED] Treasurer's Email Address (optional)		
	1707 Labrador Drive Columbia, MO 65203 Treasurer's Mailing Address, City, State, & Zip	(573) 864-4088 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)			
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions	on back) No	
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э.	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)			
	Stephen Webber			
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2	
	Senate District 19		Support	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees must complete this section)			
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
 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 account of the second second				
			ete, true, and accurate. I	
	further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 F			
	ELECTRONICALLY FILED Jan 6 2023 11:37 AM	D Jan 6 2023 11:37 AM ELECTRONICALLY FILED Jan 6 2023 11:37 AM		
	Committee Treasurer	Candidate (Candidate Committees Only)		
м	MO 300-1308			