

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

Office Use: C232395

## <sup>/</sup> Statement of Committee Organization

1.	Statement Information			
	Date: 02/17/2023			
	Type: New Amended (if amending, enter MEC ID	& section cl	hanged )	
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2.	Committee Information			
	Crypto PAC			
	Name of Committee			
	PO Box 222 Burlington Junction, MO 64428 Committee Mailing Address, City, State, & Zip		(660) 215-8259 Telephone Number	
	[REDACTED]	Nodaway County Clerk		
	Official Committee Email Address	County Clerk, Board of Election Commission	oners, Federal PAC/Out of State Committee	
	Committee Type: Campaign Candidate Continuin	ng(PAC) 🗌 Debt Service 🗌 🛙	Exploratory Political Pary	
r		reasurer/Deputy Treasurer Information		
3.	Treasurer/Deputy Treasurer Information			
	Jasper Logan	[REDACTED]		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	103 W Main St Burlington Junction, MO 64428 Treasurer's Mailing Address, City, State, & Zip	(660) 215-8259 Phone 1	Phone 2	
	Treasurer's Maining Address, City, State, & Zip			
	Deputy Treasurer's Name (if one appointed)	[REDACTED] Deputy Treasurer's Email Address (optional	al)	
	, Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2	
4	Additional Committee Information			
	Additional Committee Officer's Name & Title (if any)			
	Connected Organization's Name (if any)			
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instruction	s on back) No	
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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)			
	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 n	nust complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	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 accur			lete, true, and accurate. I	
	In the racknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSM			
	ELECTRONICALLY FILED Feb 17 2023 06:33 PM	ELECTRONICALLY FILED Feb 17 2023 06:33 PM		
	Committee Treasurer	Candidate (Candidate Committees Only)		
м	MO 300-1308			