



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: C232422

1. Statement Information

Date: 04/12/2023
Type: [X] New [ ] Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

2. Committee Information

CP4Missouri PAC
Name of Committee

PO Box 52 Jefferson City, MO 65102 (573) 616-1845
Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] Cole County Clerk
Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

Committee Type: [ ] Campaign [ ] Candidate [X] Continuing(PAC) [ ] Debt Service [ ] Exploratory [ ] Political Party

3. Treasurer/Deputy Treasurer Information

Melissa Largent [REDACTED]
Treasurer's Name (First & Last) Treasurer's Email Address (optional)

PO Box 52 Jefferson City, MO 65102 (573) 616-1845
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)

[REDACTED]
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, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? [ ] Yes (refer to instructions on back) [X] 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)

Cameron Parker [REDACTED] [REDACTED]
Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

[REDACTED] State Representative Support
Election Date District 150
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)

[X] 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 Apr 12 2023 03:36 PM ELECTRONICALLY FILED Apr 12 2023 03:36 PM
Committee Treasurer Candidate (Candidate Committees Only)