



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

Office Use:
 C232470

Statement of Committee Organization

1. Statement Information

Date: 06/06/2023
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Cultivating Freedom PAC
 Name of Committee

11004 Manchester Road Saint Louis, MO 63122 (314) 478-6088
 Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] St. Louis County Board of Elections
 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>Gregg Keller</u> Treasurer's Name (First & Last)	<u>[REDACTED]</u> Treasurer's Email Address (optional)
<u>8000 Maryland Ave., Ste. 1120 Saint Louis, MO 63105</u> Treasurer's Mailing Address, City, State, & Zip	<u>(314) 258-3137</u> _____ Phone 1 Phone 2
<u>Mark Milton</u> Deputy Treasurer's Name (if one appointed)	<u>[REDACTED]</u> Deputy Treasurer's Email Address (optional)
<u>11004 Manchester Road Saint Louis, MO 63122</u> Deputy Treasurer's Mailing Address, City, State, & Zip	<u>(314) 478-6088</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)

<u>[REDACTED]</u> Name & Mailing Address, City, State, & Zip of Financial Institution	<u>[REDACTED]</u> Account Name	<u>[REDACTED]</u> Account Number
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6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

<u>Doug Richey</u> Name & Mailing address, City, State, & Zip of Candidate	_____ Phone 1	_____ Phone 2
_____ Election Date	<u>State Senate</u> Office Sought & Political Subdivision	_____ Political Party
		<u>Support</u> 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
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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.

<u>ELECTRONICALLY FILED Jun 6 2023 11:55 AM</u> Committee Treasurer	<u>ELECTRONICALLY FILED Jun 6 2023 11:55 AM</u> Candidate (Candidate Committees Only)
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