

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

Office Use: C232492

## <sup>7</sup> Statement of Committee Organization

1.	Statement Information		
	Date: 07/06/2023		
	Type: New Amended (if amending, enter MEC ID	& section cl	nanged)
2.	Committee Information		
	Fearless PAC		
	Name of Committee		
	PO Box 6286 Chesterfield, MO 63017		(314) 229-2932
	Committee Mailing Address, City, State, & Zip		Telephone Number
	[REDACTED] Official Committee Email Address	St. Louis County Board of Elections County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee	
	Committee Type: Campaign Candidate Continuing		xploratory Political Pary
3.	Treasurer/Deputy Treasurer Information		
	Shayn Prapaisilp	[REDACTED]	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	3406 Humphrey Street St. Louis, MO 63118	(314) 229-2932	
	Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2
		[REDACTED]	
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optiona	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)	Additional Committee Officer's Mailing Ad	dress, 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)		
	[REDACTED]	[REDACTED]	[REDACTED]
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)	
	Joseph Pereles		
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2
	State Senate District 15		Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
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8.	ignature(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 urther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	ELECTRONICALLY FILED Jul 6 2023 02:50 PM	ELECTRONICALLY FILED Jul 6 2023 02:50 PM	
	Committee Treasurer	Candidate (Candidate Committees Only)	-
М	IO 300-1308		
	acket (Rev. 10/2019)		