



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

Office Use:  
 C232560

# Statement of Committee Organization

## 1. Statement Information

Date: 09/12/2023  
 Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

MADE IN MISSOURI PAC  
 Name of Committee

2500 Missouri Boulevard, No. 1070 Jefferson City, MO 65109  
 Committee Mailing Address, City, State, & Zip

(404) 474-7226  
 Telephone Number

[REDACTED]  
 Official Committee Email Address

Cole County Clerk  
 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>Carla Grewe</u> Treasurer's Name (First & Last)	<u>[REDACTED]</u> Treasurer's Email Address (optional)
<u>2500 Missouri Boulevard, No. 1070 Jefferson City, MO 65109</u> Treasurer's Mailing Address, City, State, & Zip	<u>(404) 474-7226</u> Phone 1
<u>/</u> Deputy Treasurer's Name (if one appointed)	<u>[REDACTED]</u> Deputy Treasurer's Email Address (optional)
<u>/</u> Deputy Treasurer's Mailing Address, City, State, & Zip	<u>/</u> Phone 1
	<u>/</u> 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>/</u> Name & Mailing address, City, State, & Zip of Candidate	<u>/</u> Phone 1	<u>/</u> Phone 2
<u>/</u> Election Date	<u>/</u> Office Sought & Political Subdivision	<u>/</u> Political Party
		<u>/</u> Support or Oppose

## 7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

<u>/</u> Name of Ballot Measure	<u>/</u> Election Date & Political Subdivision	<u>/</u> 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 Sep 12 2023 01:43 PM</u> Committee Treasurer	<u>ELECTRONICALLY FILED Sep 12 2023 01:43 PM</u> Candidate (Candidate Committees Only)
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