

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

Office Use: C242721

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

1.	Statement Information			
	Date:       02/08/2024         Type:       New         Amended (if amending, enter MEC ID	& section changed		
r	Committee Information		//	
Ζ.	Action for FIRE Institute PAC			
	Name of Committee			
	1020 North Taylor St. Louis, MO 63113		(314) 652-7107	
	Committee Mailing Address, City, State, & Zip [REDACTED]	St. Louis City Board of Electi	Telephone Number	
	Official Committee Email Address	County Clerk, Board of Election Commission	ners, Federal PAC/Out of State Committee	
	Committee Type: Campaign Candidate Continuit	committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Pary		
3.	Treasurer/Deputy Treasurer Information			
	Percy Green III	[REDACTED]		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	1020 North Taylor St. Louis, MO 63113 Treasurer's Mailing Address, City, State, & Zip	(314) 652-7107 Phone 1	Phone 2	
		[REDACTED]		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optiona	)	
	<u>/</u>	<u> </u>		
	Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2	
4.	Additional Committee Information			
	dditional 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	s 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 include self, if candidate)				
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2	
	Name & Maining address, etcy, state, & Ep of candidate			
	Election Date 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.	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		nishable under Ch. 575 RSMo.	
	ELECTRONICALLY FILED Feb 8 2024 06:37 PM	ELECTRONICALLY FILED Feb Candidate (Candidate Committees Only)	8 2024 06:37 PM	