

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:	
C242727	

1. St a	item	ent Info	rma	ation					
Dat	e: <u>0</u>	2/14/2	024	<u> </u>					
Тур	e:	New	, [Amended (if amending, enter MEC ID		& section changed)			
2. Co	mmittee Information								
	ddock for Missouri								
	ne of Committee						(314) 825-0944		
	mittee Mailing Address, City, State, & Zip						Telephone Number		
	REDACTED] Official Committee Email Address					Jefferson County Clerk County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee			
	mmittee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Pary								
3. Tre	asur	surer/Deputy Treasurer Information							
	ustin Schwartz				<u> </u>	[REDACTED]			
Treas	asurer's Name (First & Last)		Treasurer's Em	Treasurer's Email Address (optional)					
				Derial, MO 63052 City, State, & Zip	(314) 575 Phone 1	5-1026	Phone 2		
Joseph Maddock			,,	[REDACTE	:D]				
	try Treasurer's Name (if one appointed)				<u></u>	Deputy Treasurer's Email Address (optional)			
_				CT ARNOLD, MO 63010 ddress, City, State, & Zip	(314) 825 Phone 1	-0944	Phone 2		
					Thone I		THORC 2		
+. <u>/A(01</u> 0	altion	iai Com	mil	tee Information					
Addit	ional C	onal Committee Officer's Name & Title (if any)				Additional Committee Officer's Mailing Address, City, State, & Zip			
Conn	nected Organization's Name (if any) Connected Organization's Mailing Address, City, State, & Zip								
		IDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back)							
5. Off	icial	cial Bank Account Information (required by all committees)							
[REI	DACT	ſED]			[REDACTE	[D]	[REDACTED]		
		ŭ		, State, & Zip of Financial Institution	Account Name		Account Number		
	didate Supported or Opposed (candidate committees must include self, if candidate)								
	seph Maddock 833 GREEN APPLE CT ARNOLD, MO 63010 me & Mailing address, City, State, & Zip of Candidate				(314) 825- Phone 1	-0944	Phone 2		
						n			
06/	3/06/2024			Representative/Missouri	Republica	II			
Flacti	ion Date	۵		House of Representatives Office Sought & Political Subdivision	- Political Party		Support or Oppose		
	Election Date Office Sought & Political Subdivision Political Party Support or Oppose Ballot Measure Supported or Opposed (campaign committees must complete this section)								
Name	e of Bal	lot Measure	2		Flection Date &	Political Subdivision	Support or Oppose		
3. Si gi	natw	re(s) Ch	eck	certification(s) & sign (required by all co					
		offirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate.							
		ther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.							
ELE	LECTRONICALLY FILED Feb 14 2024 04:00 PM			ILED Feb 14 2024 04:00 PM	ELECTRO	ELECTRONICALLY FILED Feb 14 2024 04:00 PM			
_		Treasurer				ndidate Committees Only)			