



Office Use:
C242755

Statement of Committee Organization

1. Statement Information

Date: 03/01/2024
Type: [X] New [] Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Missouri Students for Life Action
Name of Committee

PO Box 174 Cottleville, MO 63338 (540) 834-4600
Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] St. Charles County Election Authority
Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

Committee Type: [X] Campaign [] Candidate [] Continuing(PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Reagan Barklage [REDACTED]
Treasurer's Name (First & Last) Treasurer's Email Address (optional)

PO Box 174 Cottleville, MO 63338 (540) 834-4600
Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

[REDACTED]
Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)

[REDACTED]
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 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) [X] 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

Election Date Office Sought & Political Subdivision Political Party Support or Oppose

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

Abortion Ballot Questions 11/05/2024,Statewide Oppose
Name of Ballot Measure Election Date & Political Subdivision Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

[X] 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.

ELECTRONICALLY FILED Mar 1 2024 10:46 AM ELECTRONICALLY FILED Mar 1 2024 10:46 AM
Committee Treasurer Candidate (Candidate Committees Only)