

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:	
C242964	

1.	Statement Information			
	Date: <u>05/07/2024</u>			
	Type: New Amended (if amending, enter MEC ID	& section cha	nnged)	
2.	Committee Information			
	Blue Springs PAC			
	Name of Committee			
	Po Box 52 Jefferson City, MO 65102 Committee Mailing Address, City, State, & Zip		(573) 616-1845 Telephone Number	
	[REDACTED]	Cole County Clerk		
	Official Committee Email Address	County Clerk, Board of Election Commissione	ers, Federal PAC/Out of State Committee	
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Ex	ploratory Political Pary	
3.	easurer/Deputy Treasurer Information			
	Amber Watson	[REDACTED]		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	Po Box 52 Jefferson City, MO 65102 Treasurer's Mailing Address, City, State, & Zip	(573) 616-1845 Phone 1	Phone 2	
	Treasurer's Mailing Address, City, State, & Zip		Priorie 2	
	Deputy Treasurer's Name (if one appointed)	[REDACTED] Deputy Treasurer's Email Address (optional)		
	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, C	ity State & Zin	
	CANDIDATES: Do you have more than one candidate committee?			
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	clude self, if candidate)		
	Ron Fowler			
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2	
	Election Date Representative District 31 Office Sought & Political Subdivision	Political Party	Support Support or Oppose	
7	Ballot Measure Supported or Opposed (campaign committees m		заррого оррозе	
/.	Ballot Measure Supported of Opposed (campaign committees in	ust complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	Signature(s) Check certification(s) & sign (required by all commit	tees)		
	■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 May 7 2024 02:37 PM	ELECTRONICALLY FILED May 7 2024 02:37 PM		
	Committee Treasurer	Candidate (Candidate Committees Only)		