



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

Office Use:
 C243044

Statement of Committee Organization

1. Statement Information

Date: 07/12/2024
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

TCB PAC
 Name of Committee _____
PO Box 563 Sikeston, MO 63801 (573) 683-1418
 Committee Mailing Address, City, State, & Zip Telephone Number
 [REDACTED] Federal PAC
 Official Committee Email Address 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>Jacqueline McGee</u> Treasurer's Name (First & Last) | <u>[REDACTED]</u> Treasurer's Email Address (optional) |
| <u>201 Cork St. East Prairie, MO 63845</u> Treasurer's Mailing Address, City, State, & Zip | <u>(573) 683-1418</u> Phone 1 Phone 2 |
| _____ Deputy Treasurer's Name (if one appointed) | <u>[REDACTED]</u> 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, 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 |
|--|-----------------------------------|-------------------------------------|

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

| | | |
|---|--|-------------------------------------|
| <u>David Dolan</u> Name & Mailing address, City, State, & Zip of Candidate | _____ Phone 1 | _____ Phone 2 |
| _____ Election Date | <u>State Rep #148</u> Office Sought & Political Subdivision | _____ Political Party |
| | | <u>Support</u> 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. 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.

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|---|---|
| <u>ELECTRONICALLY FILED Jul 12 2024 12:26 PM</u> Committee Treasurer | <u>ELECTRONICALLY FILED Jul 12 2024 12:26 PM</u> Candidate (Candidate Committees Only) |
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