



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

Office Use:  
 C243078

# Statement of Committee Organization

## 1. Statement Information

Date: 08/13/2024  
 Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Values First PAC  
 Name of Committee  
Po Box 222 Jefferson City, MO 65102 (573) 616-1845  
 Committee Mailing Address, City, State, & Zip Telephone Number  
[REDACTED] Cole County Clerk  
 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

Amber Watson  
 Treasurer's Name (First & Last) [REDACTED]  
 Treasurer's Email Address (optional)  
Po Box 222 Jefferson City, MO 65102 (573) 616-1845  
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2  
 Deputy Treasurer's Name (if one appointed) [REDACTED]  
 Deputy Treasurer's Email Address (optional)  
/ Phone 1 Phone 2  
 Deputy Treasurer's Mailing Address, City, State, & Zip

## 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)

[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)

Tricia Byrnes  
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2  
 State Representative  
 District 63 Support  
 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. 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.  
ELECTRONICALLY FILED Aug 13 2024 03:32 PM ELECTRONICALLY FILED Aug 13 2024 03:32 PM  
 Committee Treasurer Candidate (Candidate Committees Only)