



Office Use:
 C243180

Statement of Committee Organization

1. Statement Information

Date: 11/07/2024
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Parents for Kelly Byrne
 Name of Committee

4319 S National Box 126 Springfield, MO 65810 (417) 425-4744
 Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] Greene 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

Tyler Creach [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

2870 A S Ingram Mill Rd Springfield, MO 65804 (417) 343-7172
 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)

 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)

[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)

Robert Byrne 4319 S National box 126 Springfield, MO 65810 (417) 425-4744
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

04/08/2025 Boardmember/Springfield R-XII School District Non-Partisan
 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)

I 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 Nov 7 2024 01:39 PM ELECTRONICALLY FILED Nov 7 2024 01:39 PM
 Committee Treasurer Candidate (Candidate Committees Only)