

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:	
C253555	

1. Statement Informa	ation			
Date: <u>07/01/2025</u>				
Type: New	Amended (if amending, enter MEC ID	& section changed)		
2. Committee Inform	nation			
John Bowman for N	Missouri			
4201 Minoma Lane PO Box 210464 Northwoods, MO 63121			(314) 322-4441	
Committee Mailing Address,	·	Telephone Number		
[REDACTED] Official Committee Email Add	ress	St. Louis County Board of Elections County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee		
Committee Type:			Exploratory Political Pary	
. Treasurer/Deputy	Treasurer Information			
Charlie Dooley Treasurer's Name (First & Las	t)	[REDACTED] Treasurer's Email Address (optional)		
	y Drive P O Box 210577 Northwoods,	(314) 495-3867	(314) 385-9148	
MO 63121 Treasurer's Mailing Address,	City, State, & Zip	Phone 1	Phone 2	
		[REDACTED]		
Deputy Treasurer's Name (if o	one appointed)	Deputy Treasurer's Email Address (option	al)	
Deputy Treasurer's Mailing A	ddress, City, State, & Zip	Phone 1	Phone 2	
. Additional Commit	tee Information			
Additional Committee Officer	's Name & Title (if any)	Additional Committee Officer's Mailing Ac	ddress City State & Zin	
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Connected Organization's Na	me (if any)	Connected Organization's Mailing Address, City, State, & Zip		
CANDIDATES: Do ye	ou have more than one candidate committee	? Yes (refer to instruction	s on back) No	
. Official Bank Accou	unt Information (required by all committees)			
[REDACTED]		[REDACTED]	[REDACTED]	
	, State, & Zip of Financial Institution	Account Name	Account Number	
	ed or Opposed (candidate committees must			
John Bowman 4201 Minoma Ln Saint Louis, MO 63121 Name & Mailing address, City, State, & Zip of Candidate		(314) 322-4441 Phone 1	Phone 2	
08/04/2026	State Senator/Missouri	Democrat		
	House of Representatives Office Sought & Political Subdivision		Constant of Constant	
Election Date		Political Party	Support or Oppose	
. Ballot Weasure Su	pported or Opposed (campaign committees r	nust complete this section)		
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
. Signature(s) Check	certification(s) & sign (required by all comm	ittees)		
	et under penalty of perjury that information ange that I am aware that any false statement o			
ELECTRONICALLY F	FILED Jul 1 2025 05:19 PM	ELECTRONICALLY FILED Jul	1 2025 05:19 PM	
Committee Treasurer		Candidate (Candidate Committees Only)		