

Committee Treasurer

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:	
C253611	

. Statement Informa	tion			
Date: <u>08/15/2025</u>				
Type: New	Amended (if amending, enter MEC ID	& section o	changed	
Committee Informa	ation			
Berck4Cass				
Name of Committee	ourt Paymore MO 64092		(626) 249 0150	
Committee Mailing Address, C	ourt Raymore, MO 64083 ity, State, & Zip		(636) 248-0159 Telephone Number	
[REDACTED]		Cass County Clerk		
Official Committee Email Addr			Fundamentary Dolitical Dans	
Committee Type: Treasurer/Deputy T		ing(PAC) Debt Service	Exploratory Political Pary	
Treasurer/Deputy T	reasurer Information			
Jeff Fletcher Treasurer's Name (First & Last)		[REDACTED] Treasurer's Email Address (optional)		
308 Taylor Lane Bel Treasurer's Mailing Address, C		(816) 223-8731 Phone 1	Phone 2	
Karen Fletcher		[REDACTED]		
Deputy Treasurer's Name (if or	ne appointed)	Deputy Treasurer's Email Address (option	nal)	
308 Taylor Lane Belt		(816) 223-8731 Phone 1	Phone 2	
		Thore I	Thore 2	
Additional Committ	tee information			
Additional Committee Officer's	S Name & Title (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip		
Connected Organization's Nam	ne (if any)	Connected Organization's Mailing Addres	ss. Citv. State. & Zip	
	ou have more than one candidate committee			
Official Bank Accou	nt Information (required by all committees			
[REDACTED] Name & Mailing Address, City,	State, & Zip of Financial Institution	[REDACTED] Account Name	[REDACTED] Account Number	
Candidate Supporte	ed or Opposed (candidate committees must	t include self, if candidate)		
	Buckingham Court Raymore, MO	(636) 248-0159		
64083 Name & Mailing address, City,	State, & Zip of Candidate	Phone 1	Phone 2	
08/04/2026	State	Republican		
00/04/2020	Representative/Missouri	периопеин		
Election Date	House of Representatives Office Sought & Political Subdivision	Political Party	Support or Oppose	
Ballot Measure Sup	ported or Opposed (campaign committees	must complete this section)		
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
Signature(s) Check	certification(s) & sign (required by all comm	nittees)		
	t under penalty of perjury that information a			
	e that I am aware that any false statement o			
ELECTRONICALLY FI	LED Aug 15 2025 10:24 AM	ELECTRONICALLY FILED Au	g 15 2025 10:24 AM	

Candidate (Candidate Committees Only)

MO 300-1308 Packet (Rev. 10/2019)