

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:	
C253637	

1.	Statement Information			
	Date: <u>09/03/2025</u>			
	Type: New Amended (if amending, enter MEC ID	& section cha	nged)	
2.	Committee Information			
	Across the Aisle for Missouri Public Schools			
	Name of Committee		(F72) 777 OCAF	
	4215 Phillips Farm Road Suite 101 Columbia, MO 65201 Committee Mailing Address, City, State, & Zip		(573) 777-9645 Telephone Number	
	[REDACTED]	Boone County Clerk		
	Official Committee Email Address	County Clerk, Board of Election Commissione		
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Ex	ploratory Political Pary	
3.	Treasurer/Deputy Treasurer Information			
	Jacque Cowherd	[REDACTED]		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	3402 Tanglewood Way Fulton, MO 65251 Treasurer's Mailing Address, City, State, & Zip	(573) 819-2629 Phone 1	Phone 2	
		[REDACTED]		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)		
	, Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2	
4		Priorie I	Priorie Z	
4.	Additional Committee Information			
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ess, 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)		
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	
ô.	Candidate Supported or Opposed (candidate committees must include self, if candidate)			
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2	
	Name & Walling address, City, State, & 21p of Calibrate	Filone 1	Filone 2	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees me	ust complete this section)		
	Initiative Petition 2026-071	11/03/2026,Statewide	Support	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	Signature(s) Check certification(s) & sign (required by all committed	tees)		
	■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 o	declaration made herein is pun	ishable under Ch. 575 RSMo.	
	ELECTRONICALLY FILED Sep 3 2025 06:23 AM Committee Treasurer	ELECTRONICALLY FILED Sep 3 2025 06:23 AM		
	Committee Headulei	Candidate (Candidate Committees Only)		