



Office Use:
 C253724

Statement of Committee Organization

1. Statement Information

Date: 10/30/2025
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Falconer for Missouri
 Name of Committee

5693 S. Fort Avenue Springfield, MO 65810 (417) 827-6478
 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

<u>Charles Blackburn</u> Treasurer's Name (First & Last)	<u>[REDACTED]</u> Treasurer's Email Address (optional)
<u>1950 S. Scenic Avenue Apartment E107 Springfield, MO 65807</u> Treasurer's Mailing Address, City, State, & Zip	<u>(573) 280-0596</u> Phone 1
<u>/</u> Deputy Treasurer's Name (if one appointed)	<u>[REDACTED]</u> Deputy Treasurer's Email Address (optional)
<u>/</u> Deputy Treasurer's Mailing Address, City, State, & Zip	<u>/</u> 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)

<u>[REDACTED]</u> Name & Mailing Address, City, State, & Zip of Financial Institution	<u>[REDACTED]</u> Account Name	<u>[REDACTED]</u> Account Number
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6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

<u>Sean Falconer 5693 S. Fort Avenue Springfield, MO 65810</u> Name & Mailing address, City, State, & Zip of Candidate	<u>(417) 827-6478</u> Phone 1	<u>/</u> Phone 2
<u>08/04/2026</u> Election Date	<u>State Senator/Missouri State Senate</u> Office Sought & Political Subdivision	<u>Democrat</u> Political Party
		<u>/</u> Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

<u>/</u> Name of Ballot Measure	<u>/</u> Election Date & Political Subdivision	<u>/</u> Support or Oppose
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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 Oct 30 2025 11:01 AM ELECTRONICALLY FILED Oct 30 2025 11:01 AM
 Committee Treasurer Candidate (Candidate Committees Only)