



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:  
C253738

**1. Statement Information**

Date: 11/11/2025

Type: ☒ New ☐ Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

**2. Committee Information**

Jefferson Civic Action Committee

Name of Committee

303 Douglas Drive Apartment C Ashland , MO 65010

Committee Mailing Address, City, State, & Zip

(314) 660-2444

Telephone Number

[REDACTED]

Official Committee Email Address

Boone County Clerk

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**

Jordan Lucas

Treasurer's Name (First & Last)

[REDACTED]

Treasurer's Email Address (optional)

9135 Big Bend Boulevard Webster Groves, MO 63119

Treasurer's Mailing Address, City, State, & Zip

(314) 660-2444

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]

Name & Mailing Address, City, State, & Zip of Financial Institution

[REDACTED]

Account Name

[REDACTED]

Account Number

**6. Candidate Supported or Opposed (candidate committees must include self, if candidate)**

William Lucas

Name & Mailing address, City, State, & Zip of Candidate

Phone 1

Phone 2

Election Date

State Representative

Office Sought & Political Subdivision

Political Party

Support

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 11 2025 06:05 PM

Committee Treasurer

ELECTRONICALLY FILED Nov 11 2025 06:05 PM

Candidate (Candidate Committees Only)