



Office Use:
 C264249

Statement of Committee Organization

1. Statement Information

Date: 05/04/2026
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Missouri Promise PAC
 Name of Committee

308 East High Street Suite 300 Jefferson City, MO 65101 (573) 750-4100
 Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] Cole 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>Marc Ellinger</u> Treasurer's Name (First & Last)	<u>[REDACTED]</u> Treasurer's Email Address (optional)
<u>308 East High Street Suite 300 Jefferson City, MO 65101</u> Treasurer's Mailing Address, City, State, & Zip	<u>(573) 750-4100</u> _____ Phone 1 Phone 2
<u>Stephanie Bell</u> Deputy Treasurer's Name (if one appointed)	<u>[REDACTED]</u> Deputy Treasurer's Email Address (optional)
<u>308 East High Street Suite 300 Jefferson City, MO 65101</u> Deputy Treasurer's Mailing Address, City, State, & Zip	<u>(573) 750-4100</u> _____ 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] [REDACTED] [REDACTED]
 Name & Mailing Address, City, State, & Zip of Financial Institution Account Name Account Number

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

_____ Name & Mailing address, City, State, & Zip of Candidate	_____ Phone 1	_____ Phone 2
_____ Election Date	_____ Office Sought & Political Subdivision	_____ Political Party
		_____ Support or Oppose

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

HJR173 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 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 May 4 2026 03:12 PM _____
 Committee Treasurer

ELECTRONICALLY FILED May 4 2026 03:12 PM _____
 Candidate (Candidate Committees Only)