



Office Use:
 C264323

Statement of Committee Organization

1. Statement Information

Date: 06/26/2026
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

CPR MO PAC
 Name of Committee
2104 Sunflower Street Columbia, MO 65202 (573) 673-7024
 Committee Mailing Address, City, State, & Zip Telephone Number
 [REDACTED] Boone 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>Andrew Hutchinson</u> Treasurer's Name (First & Last)	<u>[REDACTED]</u> Treasurer's Email Address (optional)
<u>2104 Sunflower Street Columbia, MO 65202</u> Treasurer's Mailing Address, City, State, & Zip	<u>(573) 673-7024</u> Phone 1 Phone 2
_____ Deputy Treasurer's Name (if one appointed)	<u>[REDACTED]</u> 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)

<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>Gregg Bush</u> Name & Mailing address, City, State, & Zip of Candidate	_____ Phone 1	_____ Phone 2
_____ Election Date	<u>State House</u> Office Sought & Political Subdivision	<u>Support</u> 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
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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.

<u>ELECTRONICALLY FILED Jun 26 2026 02:54 PM</u> Committee Treasurer	<u>ELECTRONICALLY FILED Jun 26 2026 02:54 PM</u> Candidate (Candidate Committees Only)
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