



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

MISSOURI ETHICS COMMISSION
 Office Use: *[Signature]*
 AUG 02 2016

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 08/02/2016

Type: New Amended (if amending, enter MEC ID C161307 & section changed _____)

2. Committee Information

Missouri Freedom PAC

Name of Committee

1747 Pennsylvania Avenue, NW, Suite 800, Washington, DC 20006 (202) 263-4660

Committee Mailing Address, City, State, & Zip

Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Tony Feather

Treasurer's Name (First & Last)

2720 Tanglewood Drive, Jefferson City, MO 65109

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

Treasurer's Email Address (optional)

(573) 893-3722

Treasurer's Home Telephone Number

(573) 893-6202

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Lee Russell, PAC Chair

Additional Committee Officer's Name & Title (if any)

Republican Attorneys General Association

Connected Organization's Name (if any)

1747 Pennsylvania Avenue, NW, Suite 800, Washington, DC 20006

Additional Committee Officer's Mailing Address, City, State, & Zip

1747 Pennsylvania Avenue, NW, Suite 800, Washington, DC 20006

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)

Name & Mailing Address, City, State, & Zip of Bank

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

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

11/8/16

Election Date

Attorney General

Office Sought & Political Subdivision

() Telephone Number (Candidate Committees Only)

Republican

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.

Committee Treasurer

Candidate (Candidate Committees Only)