

# Campaign Finance Committee Registration Packet

## Where to file...

Type	Where to Register Committee	Where to file disclosure reports
<p><b>MEC filers:</b></p> <ul style="list-style-type: none"> <li>• Candidates for Statewide Office</li> <li>• Statewide ballot measure (campaign committee)</li> <li>• Continuing Committee (political action/PAC)</li> <li>• State Political Party committees</li> <li>• Local Political Party committee</li> <li>• Candidates for:                             <ul style="list-style-type: none"> <li>• State Senator</li> <li>• State Representative</li> <li>• County Office</li> <li>• Partisan Circuit Court Judge</li> <li>• Partisan Associate Circuit Court Judge</li> <li>• City Office</li> <li>• School, fire, ambulance, or any other special purpose district</li> </ul> </li> </ul>	<p><b>MEC</b> (Missouri Ethics Commission)</p>	<p><b>E-file</b> using MEC's e-filing system</p>
<p><b>Local filers:</b> Local ballot measure (ie campaign committee)</p>	<p><b>Local Election Authority</b> (County Clerk or Board of Election Commissioners)</p>	<p><b>Paper file</b> With local election authority <b>or</b> <b>E-file</b> using MEC's e-filing system</p>

**e-filers:** Committees that register with **MEC** file reports electronically and will receive MEC Online ID and password via email.

Missouri Ethics Commission

PO Box 1370, Jefferson City MO 65102

(800) 392-8660

[www.mec.mo.gov](http://www.mec.mo.gov)



Office Use:

# Statement of Committee Organization

## 1. Statement Information

Date: \_\_\_\_\_

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

## 2. Committee Information

\_\_\_\_\_  
 Name of Committee

\_\_\_\_\_  
 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

\_\_\_\_\_  
 Treasurer's Name (First & Last)

\_\_\_\_\_  
 Treasurer's Email Address (optional)

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

\_\_\_\_\_  
 Treasurer's Home Telephone Number

\_\_\_\_\_  
 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

\_\_\_\_\_  
 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)

\_\_\_\_\_  
 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

\_\_\_\_\_  
 Telephone Number (Candidate Committees Only)

\_\_\_\_\_  
 Election Date

\_\_\_\_\_  
 Office Sought & Political Subdivision

\_\_\_\_\_  
 Political Party

\_\_\_\_\_  
 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)

# Statement of Committee Organization Instructions:

Used to report information for registering a new committee or to amend information for an existing committee.

## 1. Statement Information:

- a. Enter date.
- b. Enter type of statement being filed. (If amending, complete section 1 (MEC ID # and section changed) and section 2 and then the section(s) being amended.)

## 2. Committee Information:

- a. Enter full name of the committee (candidate committee must include candidate's last name).
- b. Enter committee's mailing address and telephone number.
- c. Enter committee's official email address and enter the county (or board of election commissioners) in which the committee is domiciled.
- d. Select type of committee. Continuing committees (political action committees/PACs) are committees of continuing existence. Campaign committees are formed to support or oppose issues for only one election. Candidate committees are formed for candidates for elective office.

## 3. Treasurer/Deputy Treasurer Information: *(Every committee must have a treasurer who is resides in the district or county in which the committee sits. Candidates forming candidate committees may appoint themselves as treasurer and act as a committee of one.)*

- a. Enter full name of treasurer and provide email address. (Email address is optional, but is used for communication from MEC.)
- b. Enter treasurer's mailing address and telephone numbers (home and work, may also enter cell).
- c. Enter full name of deputy treasurer (if one appointed) and their email address (optional).
- d. Enter deputy treasurer's mailing address & telephone numbers (home and work, may also enter cell).

## 4. Additional Committee Information:

- a. Enter full name of any additional committee officer (if any) along with their title and mailing address.
- b. Enter any organization's name considered to be connected to the committee (if any) and their mailing address.
- c. CANDIDATES: If the candidate for which this committee is formed has more than one candidate committee (may only have one per office sought), disclose **on an attached sheet**, the full committee name and address together with name, address and telephone number of the treasurer and designate the aggregating committee.

## 5. Bank Account Information: *(Every committee is required to open an official bank account, in the name of the committee, in a state or federal chartered institution within the State of Missouri)*

- a. Enter name and mailing address of financial institution where bank account is held.
- b. Enter account name and account number for the official bank account.

## 6. Candidate Supported or Opposed:

- a. Enter name and address of candidate this committee is being organized for along with candidate's telephone number.
- b. Enter election date, office sought and political subdivision, political party and indicate if committee is supporting or opposing candidate.

## 7. Ballot Measure Supported or Opposed:

- a. Enter name of ballot measure, the election date and political subdivision and indicate if committee is supporting or opposing the ballot measure.

## 8. Signature(s):

- a. Check the certification box.
- b. Treasurer's signature is required for all committees.
- c. Candidate's signature also required for candidate, debt service & exploratory committees.

If additional space is needed, attach separate sheet.

Email: [helpdesk@mec.mo.gov](mailto:helpdesk@mec.mo.gov)



# Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, FAX 573-526-4506, www.mec.mo.gov

Office Use:

## Electronic Filing Agreement

*This Agreement is to be completed by local campaign committees to support or oppose local ballot measures.*

### 1. Agreement Information

Date: \_\_\_\_\_

MEC ID: \_\_\_\_\_ (if known)

Type:  New  Amended

### 2. Committee Information

\_\_\_\_\_  
Name of Committee

\_\_\_\_\_  
Official Committee Email Address (this address is used for communication from MEC and is part of your log-in to the campaign finance electronic filing system)

### 3. Electronic Filing Agreement

This Committee agrees to file all future campaign finance reports using the Missouri Ethics Commission's (MEC) electronic filing system and understands that after the Commission receives this agreement the committee will no longer be required to file a paper format copy of its' campaign finance reports with

\_\_\_\_\_  
Name of Local Election Authority (County Clerk or Board of Election Commissioners)

\_\_\_\_\_  
Signature & Title (Candidate, Treasurer or Deputy Treasurer)

***MEC will give notice of this agreement to the local election authority named above.***

- **Steps to begin electronic filing:**
  1. File Statement of Committee Organization with all filing entities; **and** an
  2. Electronic Filing Agreement with MEC
  3. Log-in to Campaign Finance Electronic Filing System upon receipt by email of MEC Online ID & password.
  
- **Steps to amend committee information (e.g. appointing new treasurer, changing email address):**
  1. File an Amended Statement of Committee Organization with all filing entities; **and** an
  2. Amended Electronic Filing Agreement with MEC
  3. Log-in to Campaign Finance Electronic Filing System upon receipt by email of MEC Online ID & password.