



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

Office Use:
BEN 29 2019

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 1/29/19

Type: New Amended (if amending, enter MEC ID C190784 & section changed _____)

2. Committee Information

believe in Life and Liberty

Name of Committee: B.I.L.L. PAC Spellout + BILL PAC

Committee Mailing Address, City, State, & Zip: 1020 S. Benton Avenue St Charles MO 63301
Telephone Number: (636) 577-5160

County Clerk or Board of Election Commissioners: St. Charles

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Mandy Lehnbeuter

Treasurer's Email Address (optional): _____

Treasurer's Mailing Address, City, State, & Zip: 1020 South Benton Ave St Charles MO 63301

Treasurer's Home Telephone Number: ()
Treasurer's Work Telephone Number: (636) 577-5160

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)

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.

Signature: Mandy Lehnbeuter
Committee Treasurer

Candidate (Candidate Committees Only): _____