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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Brinkmann for the People 1028 El Dorado Ct ADDRESS (number and street) (Check if address is changed) Jefferson City 65101 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS brinkmann282@hotmail.com (Check if address is changed) Optional Second E-Mail Address jbrinkmann282@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2021 C00771873 FEC IDENTIFICATION NUMBER > 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Bone, Danielle, , , Type or Print Name of Treasurer Bone, Danielle,,, [Electronically Filed] 03 08 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|-------------|-----------------------|--|---|
| | | COMMITTEE | |
| (a) | × | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.) | plete the candidate |
| Nam Can | e of didate | Brinkmann, John, Michael, , | |
| | didate y Affiliati | on REP Office Sought: House X Senate President | State MO District 00 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | e of didate | | |
| Par | ty Con | nmittee: | Danasantia |
| (d) | | | Democratic, Republican, etc.) Party. |
| Poli | itical A | action Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected organization is a |
| | | Corporation Corporation w/o Capital Stock | Labor Organization |
| | | Membership Organization Trade Association | Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee) | gregated fund or party |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Join | t Func | draising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4 | | |

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|---|--|--|
| Write or Type Committee Nam | | 3 |
| Brinkmann for t | the People | |
| | Organization, Affiliated Committee, Joint Fundraising Representative, or | Leadership PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connecte | d Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| . Custodian of Records: Ide books and records. | ntify by name, address (phone number optional) and position of the perso | on in possession of committee |
| Brinkman Full Name | n, Megan, , , | <u>. , , , , , , , , , , , , , , , , , , ,</u> |
| Mailing Address | 1028 El Dorado Ct | |
| | | |
| | Jefferson City MO | 65101 |
| Title or Position | CITY STATE | ZIP CODE |
| Custodian of Records | | _ 614 _ 9722 |
| 3. Treasurer: List the name an any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee; an assistant treasurer). | d the name and address of |
| Full Name Bone, Dar of Treasurer | nielle, , , | |
| Mailing Address | 917 Wellington Rdg | |
| | | |
| | Festus MO | 63028 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | 636 Telephone number | |

| FEC For n | 1 (Revised 02/2009) | | Page 4 |
|--|---|-------------------|------------------------------|
| | | | |
| Full Name of Designated Agent | White, Sharon, , , | | |
| Mailing Address | 4 Country Club Dr. | | |
| | | | |
| | Fulton CITY | STATE | 65251 ZIP CODE |
| Title or Position Assistant Treas | | STATE number 57 | 73 - 220 - 6070 |
| Banks or Other safety deposit bo Name of Bank, I | Depositories: List all banks or other depositories in which the compacts or maintains funds. Depository, etc. | nittee deposits f | funds, holds accounts, rents |
| | Commerce Bank | | |
| Mailing Address | 1000 Walnut Street | | |
| | KANSAS CITY | ı MO ı | 164106 |
| | | IVIO | |
| | CITY | STATE | ZIP CODE |
| Name of Bank, I | Depository, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | | | |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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| 5(g) | or(h). Joint Fundraisin | g Participant: | |
|------|---|--|--|
| | 1 | | FEC ID number |
| | 2. | | FEC ID number |
| | 3. | | FEC ID number |
| | 4 | | FEC ID number |
| 6. | Name of Any Connected | Organization, Affiliated Committee, Joint Fund | draising Representative, or Leadership PAC Sponsor |
| | | | |
| | | | |
| | Mailing Address | | |
| | | | |
| | | | |
| | Relationship: | CITY ▲ | STATE ▲ ZIP CODE ▲ |
| | Connected | Affiliated Committee Join | nt Fundraising Representative Leadership PAC Sponso |
| 8. | Designated Agent: Identify | by name, address (phone number – optional) | |
| | DeFily, Jo | | |
| | | | |
| | DeFily, Jo | ohn, , , | |
| | DeFily, Jo | ohn, , , | MO 65251 |
| | DeFily, Jo Full Name Mailing Address | Phn, , , , 206 Collier Lane Fulton | MO 65251 — STATE ▲ ZIP CODE ▲ |
| | DeFily, Jo | Phn, , , , 206 Collier Lane Fulton CITY | |
| 9. | DeFily, Jo Full Name | 206 Collier Lane Fulton CITY ries: List all banks or other depositories in which | STATE ▲ ZIP CODE ▲ 573 + 220 + 4851 |
| 9. | DeFily, Jo Full Name Mailing Address TITLE OR POSITION Media Designer Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc. | 206 Collier Lane Fulton CITY ries: List all banks or other depositories in which | STATE STATE ZIP CODE Telephone Number 573 220 4851 |
| 9. | DeFily, Jo Full Name | 206 Collier Lane Fulton CITY ries: List all banks or other depositories in which | STATE STATE ZIP CODE Telephone Number 573 220 4851 |
| 9. | DeFily, Jo Full Name Mailing Address TITLE OR POSITION Media Designer Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc. | 206 Collier Lane Fulton CITY ries: List all banks or other depositories in which | STATE STATE ZIP CODE Telephone Number 573 220 4851 |
| 9. | DeFily, Jo Full Name Mailing Address TITLE OR POSITION Media Designer Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc. | 206 Collier Lane Fulton CITY ries: List all banks or other depositories in which | STATE STATE ZIP CODE Telephone Number 573 220 4851 |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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| h). Joint Fundraising | i artioipanti | | |
|--|---|----------------------------|--|
| 1. | | FEC ID number | |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| ame of Any Connected (| Organization, Affiliated Committee, Joint Fu | ındraising Representati | ve, or Leadership PAC Spon |
| | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Relationship: | CITY ▲ | STATE 4 | ZIP CODE ▲ |
| esignated Agent: Identify | by name, address (phone number – optional | loint Fundraising Represer | ntative Leadership PAC Sp |
| esignated Agent: Identify Bone, Dav Full Name | by name, address (phone number – optional | | Leadership PAC Sp |
| esignated Agent: Identify Bone, Dav | by name, address (phone number – optional id, , , | | Leadership PAC Sp |
| esignated Agent: Identify Bone, Dav Full Name | by name, address (phone number – optional id, , , | | 63028 |
| esignated Agent: Identify Bone, Dav Full Name | by name, address (phone number – optional id, , , , 917 Wellington Rdg. |) | 63028 |
| esignated Agent: Identify Bone, Dav Full Name | by name, address (phone number – optional id, , , 917 Wellington Rdg. Festus | | 63028 |
| Bone, Dave Full Name Mailing Address TITLE OR POSITION 2 Assistant Treasure anks or Other Depositoring dety deposit boxes or main ame of Bank, epository, etc. | by name, address (phone number – optional id, , , 917 Wellington Rdg. Festus CITY es: List all banks or other depositories in wh | STATE A Telephone Number | 63028 ZIP CODE ▲ 616 — 916 — 268 |
| esignated Agent: Identify Bone, Dav Full Name Mailing Address TITLE OR POSITION 2 Assistant Treasure | by name, address (phone number – optional id, , , 917 Wellington Rdg. Festus CITY es: List all banks or other depositories in wh | STATE A Telephone Number | 63028 ZIP CODE ▲ 616 — 916 — 268 |
| esignated Agent: Identify Bone, Dav Full Name Mailing Address TITLE OR POSITION 2 Assistant Treasure anks or Other Depositoriafety deposit boxes or mail | by name, address (phone number – optional id, , , 917 Wellington Rdg. Festus CITY es: List all banks or other depositories in wh | STATE A Telephone Number | 63028 ZIP CODE ▲ 616 — 916 — 268 |