2021:08:16:0M:00M&5661

FEC FORM 1

STATEMENT OF ORGANIZATION

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			Office Use Only			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5			
STEIVE PRICE FOR US SENATE						
ADDRESS (number and street) 25756 STATE HIGHWAY 51 (Check if address is changed)						
						CITY A
COMMITTEE'S E-MAIL ADDRE	SS					
(Check if address is changed) SITIENTEPRITICIENDIMIDISTENTION RIZIONALITICIONILITIES						
	Optional Second E-Mail Add	Iress				
	SHICIVIENICIPIRI	116181216111@GMIAI	1 L · C O M			
☐ ◀ (Check if address is changed)	WIWIWI IMIOISIEINI	AITIOIRRIORIOIZIZII ICK 				
2. DATE 06 26 2021						
3. FEC IDENTIFICATION NUMBER ▶ C						
4. IS THIS STATEMENT X 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.						
Type or Print Name of Treasurer Steven C. PRICE						
Signature of Treasurer Date Date Date						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use		For further Information co Federal Election Commissio Toll Free 800-424-9530	FFL. FLIRIU I			

F	FEC Fo	rm 1 (Revised 02/2009)	Page 2		
TYPE OF COMMITTEE Candidate Committee:					
(a)	X	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. (Complete the candidate information below.)			
	Name of Candidate $S_1T_1EV_1E_1P_1R_1I_1C_1E_1$				
	didate , Affiliati	on IND Office Sought: House Senate President	State M.D. District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand	e of lidate				
Part	ty Con	nmittee:	/Domagastic		
(d)			(Democratic, Republican, etc.) Party.		
Poli	tical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:		
		Corporation Wo 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 segregated fund or party committee (i.e., nonconnected committee)			
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Join	t Fund	Iraising 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.	vo or more political		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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.				
	3.				
	1				

1		i				
FEC Form 1 (Revised		Page 3				
Write or Type Committee Nam	Write or Type Committee Name					
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leader	ship PAC Sponsor				
+		1111111				
Mailing Address						
	CITY STATE	ZIP CODE				
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor				
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. 						
Full Name STE	U.E.N. C.R.A.L.G. P.R.L.C.E.					
Mailing Address	251715161 15171A1TIE1 HIZIGHWAY 1511 1 1	1				
•						
	PN1X1/1C1011111111111111111111111111111111	7,610 - 181/1316				
Title or Position	CITY STATE	ZIP CODE				
THE OF POSMOTI	CITY	ZIP CODE				
TRIEIASIVIRIEIR	Telephone number 5,7,3 - L	31211-013116				
8 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).						
Full Name of Treasurer <u>ちんん</u>	VIEN ICIRIANIGI PIRINICIEI					
Mailing Address	251756 ISITIATIEN HILLIGHWAIY ISITULLI					
Puxilicia						
		96101-81/1316				
_	CITY STATE	ZIP CODE				
Title or Position		2211 12 211				
TREASURIER	Telephone number $5.7.3$ - $5.7.3$	321-0316				

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Full Name of Designated Agent			
Mailing Address			لىسىسى
			لتنتينيا
	CITY	STATE	ZIP CODE
Title or Position			
	<u> </u>	one number	-
Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository		committee deposits funds,	holds accounts, rents
FILLR	SISITI MILIDIALEISITI BIANIKI 101	FIPOPILIAIRI	BILIVIFIFI
Mailing Address	P.O. BOX 1/161011111		لسيسسا
			ليبيين
	POPLAR BLUFF	I MO 6	3902-
	CITY	STATE	ZIP CODE
Name of Bank, Depository	, etc.		
لبنا			ليبيبي
Mailing Address			لبيبيبي
			ليتنيينين
		با ليا لي	لــــا-لــــا
	CITY	STATE	ZIP CODE

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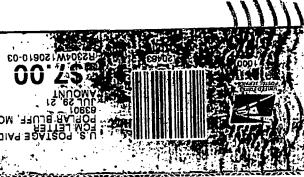
25756 State Highway SI PWICO MO 63960-8136

Steve PRICE FOR US SENATE

Federal Election 1050 FIRST Street, NE

1600 T91T 2000 OSED T202

Ashington, DC 20463



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JAW	8/16/21	
(3/2015)	DATE PREPARED	