Only

STATEMENT OF

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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. McCaskill Senate Fund PO Box 300077 ADDRESS (number and street) (Check if address is changed) St Louis 63130 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mbrengarth@mbacg.com (Check if address is changed) Optional Second E-Mail Address Isnyder@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00577148 FEC IDENTIFICATION NUMBER > 3. X 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. Sherrod, Michelle, , , Type or Print Name of Treasurer Sherrod, Michelle, , , [Electronically Filed] 09 10 2020 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

Local 202-694-1100

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|------------|------------------------|--|---|--|--|--|--|
| | E OF COMMITTEE | | | | | | |
| | ididate | lidate Committee: | | | | | |
| (a) | Н | This committee is a principal campaign committee. (Complete the candidate information below.) | | | | | |
| (b) | Ш | This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.) | plete the candidate | | | | |
| Nam Can | ne of didate | | | | | | |
| | didate y Affiliatio | Office Sought: House Senate President | State | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District | | | | |
| Nam Can | ne of didate | | | | | | |
| Par | ty Con | nmittee: | | | | | |
| (d) | | · · · | Democratic, Republican, etc.) Party. | | | | |
| Pol | itical 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 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 | gregated 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 | nt Fund | raising 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 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. | Missouri for Accountability and Change (MACPAC) | 131122 | | | | |
| | 2. | Get Stuff Done FEC ID number C C002 | 31304 | | | | |
| | 3. | FEC ID number | | | | | |
| | 4. | | | | | | |

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|---|--|------------------------|
| Write or Type Committee Name | | |
| McCaskill Senat | e Fund | |
| | ganization, Affiliated Committee, Joint Fundraising Representative, or Leader | rship PAC Sponsor |
| NONE | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee Joint Fundraising Representative L | eadership PAC Sponso |
| Custodian of Records: Ident books and records. | fy by name, address (phone number optional) and position of the person in p | ossession of committee |
| Brengarth, I | Megan, , , | |
| Mailing Address | PO Box 300077 | |
| Mailing Address | | |
| | St Louis MO 63130 | |
| Title or Position | CITY STATE | ZIP CODE |
| Asst Treasurer | Telephone number | |
| 3. Treasurer: List the name and any designated agent (e.g., as | address (phone number optional) of the treasurer of the committee; and the resistant treasurer). | name and address of |
| Full Name Sherrod, Mi | chelle, , , | |
| of Treasurer | PO Box 300077 | |
| Mailing Address | . 7 - 7 . 7 . 7 . 7 . 7 . 7 . 7 . 7 . 7 | |
| | 011 and | |
| | St Louis MO 63130 | 7ID 0005 |
| Title or Position Treasurer | CITY STATE Telephone number | ZIP CODE |

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|---|--|---------------|--|--|--|--|
| | | | | | | |
| Full Name of Designated Agent | Brengarth, Megan, , , | | | | | |
| Mailing Address | PO Box 300077 | | | | | |
| | ON THE STATE OF TH | | | | | |
| | St Louis CITY STATE 63130 53130 | ZIP CODE | | | | |
| Title or Position Asst Treasurer | | | | | | |
| Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. | | | | | | |
| | Busey Bank | | | | | |
| Mailing Address | 175 Carondelet Plaza | | | | | |
| | St Louis MO 63105 | | | | | |
| | CITY STATE 2 | ZIP CODE | | | | |
| Name of Bank, D | epository, etc. | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY STATE 2 | ZIP CODE | | | | |