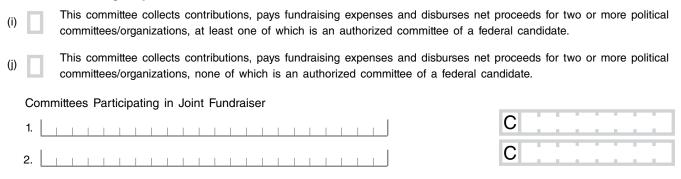
Image# 202404029627458951				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ	-		
1. NAME OF	(Check if name	Example:If typing, type		Office Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
MISSOURI REPUE	BLICAN STATE C	OMMITTEE-FED	ERAL	
	PO Box 73			
ADDRESS (number and street)				
is changed)	Jefferson City		MO65	5102-
	CITY ▲		STATE ▲	
COMMITTEE'S E-MAIL ADDRE				
(Check if address	mrp@mogop.org			
is changed)				
	Optional Second E-Mail Ad	dress		
(Check if address is changed)	www.mogop.org			
2. DATE 04 0				
3. FEC IDENTIFICATION N	JMBER ► C C	00008664		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined the	ais Statement and to the best	of my knowledge and belie	f it is true, correct an	d complete
certify that I have examined to	is Statement and to the best	of my knowledge and belie		a complete.
Type or Print Name of Treasure	r Finch, Jennifer, , ,			
Signature of Treasurer Finct	n, Jennifer, , ,		Date 04	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erron		may subject the person signir TION SHOULD BE REPORTE	-	e penalties of 52 U.S.C. §301
Office Use Only		For further informatio Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

04/02/2024 19:00

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5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	<i>ı</i> .)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Preside	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) V This committee is a STA ` ` REP `	emocratic, epublican, etc.) Party
Political Action Committee (PAC):    (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected 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 s committee. (i.e., nonconnected committee)	segregated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (	Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	

## Joint Fundraising Representative:



FEC Form 1	(Revised 02/200	)9)

Write or Type Committee Name

## MISSOURI REPUBLICAN STATE COMMITTEE-FEDERAL

6.	Name of Any Connected Or	ganization, Affiliated	Commi	ttee, J	Joint	Fundra	ising	Repre	sentative,	or L	eadership	PAC	Spons	or
	Mailing Address	PO Box 509												
		Arlington							VA	Ľ	22216-0509			
			CITY						STATE 🔺		ZIF	, COE	DE 🔺	
	Relationship: Connected (	Organization Affilia	ated Orga	anizatic	on 🕽	🗙 Join	t Fund	raising	Represent	ative	Lead	lership	PAC S	Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Lott, Garret	tt, , ,
Full Name	
Mailing Address	8000 Maryland Ave
	Ste 1120
	Saint Louis    MO    63105-3919    –
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number

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	Finch, Jennifer, , ,					
of Treasurer						
Mailing Address	8000 Maryland Ave					
	Ste 1120					
	Saint Louis    MO    63105-3919					
	CITY ▲ STATE ▲ ZIP CODE ▲					
Title or Position ▼						
Treasurer						

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Full Name of Designated Agent		
Mailing Address	L	
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	

9. 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.

	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Ave.		
	McLean	VA 22101	
	CITY A	STATE A	ZIP CODE
Name of Bank, I			
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲