	Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392 Statement of Committee O	-8660, www.mec.mo.gov Irganization	Missouri Etines Commission Office UseP 2 1 2020	
1	Statement Information			
	Type: 🗌 New 🔳 Amended (if amending, enter MEC ID C	180741& section	shanged 5	
2	Committee Information We Bellieve PAC	a section	changed)	
	Name of Committee 5700 HIGHLANDS PLAZA DR APT 1022, St Louis, MO 63110 (615)406-6668			
	Official Committee Email Address	St Louis	Telephone Number	
	Committee Type: 🛛 Campaign 🖓 Candidate 🔳 Continuir	County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee		
3.	Treasurer/Deputy Treasurer Information Kenneth Strawbridge	I I C. K. K. K. K. P.		
	Treasurer's Name (First & Last) 5700 Highlands Plaza Dr Apt 1022, St. Louis, MO 63110 Treasurer's Mailing Address, City, State, & Zip	Treasurer's Email Address (optional) (615) Treasurer's Home Telephone Number	() Treasurer's Work Telephone Number	
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	al)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	() Dep. Treasurer's Home Telephone Numbe	() er Dep. Treasurer's Work Telephone Number	
4.	Additional Committee Information			
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Ac	idress, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address	s, City, State, & Zip	
5.	CANDIDATES: Do you have more than one candidate committee Official Bank Account Information (required by all committee	ee? 🛛 Yes (refer to instructions o	n back) 🛛 No	
		tt and a start of the start of		
6.	Candidate Supported or Opposed (candidate committees mu	st include self, if candidate)		
	Name & Mailing Address, City, State & Zip of Candidate	() Telephone Number (Candidate Committee	()s Only)	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees	s 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 a further acknowledge that I am aware that any false statement o	and facts in this report are comp or declaration made herein is pur	plete, true, and accurate. 1 hishable under Ch. 575 RSMo.	
мо	Confimittee Treasufer 300-1308	Candidate (Candidate Committees Only)		