



# Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Missouri Ethics Commission

Office Use:

NOV 30 2020

## Statement of Committee Organization

### 1. Statement Information

Date: 11/29/20

Type: ☐ New ☒ Amended (if amending, enter MEC ID C190869 & section changed 2, 7)

### 2. Committee Information

Name of Committee: Secure The Vote

Committee Mailing Address, City, State, & Zip: 2711 Clifton Ave St. Louis, MO 63139

Telephone Number: ( )

Official Committee Email Address: MEC

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: ☒ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

### 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): No changes

Treasurer's Email Address (optional): ( )

Treasurer's Mailing Address, City, State, & Zip: No changes

Treasurer's Home Telephone Number: ( )

Treasurer's Work Telephone Number: ( )

Deputy Treasurer's Name (if one appointed): No changes

Deputy Treasurer's Email Address (optional): ( )

Deputy Treasurer's Mailing Address, City, State, & Zip: No changes

Dep. Treasurer's Home Telephone Number: ( )

Dep. Treasurer's Work Telephone Number: ( )

### 4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): Amendment

Additional Committee Officer's Mailing Address, City, State, & Zip: ( )

Connected Organization's Name (if any): ( )

Connected Organization's Mailing Address, City, State, & Zip: ( )

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☐ No

### 5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution: ( )

Account Name: ( )

Account Number: ( )

### 6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: ( )

Telephone Number (Candidate Committees Only): ( )

Election Date: ( )

Office Sought & Political Subdivision: ( )

Political Party: ( )

Support or Oppose: ( )

### 7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: Statewide ballot measure on modernizing elections

Election Date & Political Subdivision: November 2022, Statewide

Support or Oppose: Support

### 8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer: [Signature]

Candidate (Candidate Committees Only): ( )