



# Statement of Committee Organization

## 1. Statement Information

Date: 11/29/20  
 Type:  New  Amended (if amending, enter MEC ID C211543 & section changed \_\_\_\_\_)

## 2. Committee Information

Name of Committee: Faleti For Missouri  
 Committee Mailing Address, City, State, & Zip: 4220 Duncan Ave St. Louis, MO 63110 Telephone Number: (314) 440-7509  
 County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee: MEC  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Sarah Starnes Treasurer's Email Address (optional): \_\_\_\_\_  
 Treasurer's Mailing Address, City, State, & Zip: 642 E. 36th St Kansas City MO 64109 Treasurer's Home Telephone Number: (816) 522-5584 Treasurer's Work Telephone Number: \_\_\_\_\_  
 Deputy Treasurer's Name (if one appointed): Mike Padmore Deputy Treasurer's Email Address (optional): \_\_\_\_\_  
 Deputy Treasurer's Mailing Address, City, State, & Zip: 5114 Chateaus Bluff Dr St Louis, MO 63111 Dep. Treasurer's Home Telephone Number: (314) 440-7509 Dep. Treasurer's Work Telephone Number: \_\_\_\_\_

## 4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): \_\_\_\_\_ 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: Yvonne Faleti Telephone Number (Candidate Committees Only): \_\_\_\_\_  
 Election Date: 8/16/24 Office Sought & Political Subdivision: Statewide Office Political Party: Democrat Support or Oppose: Support

## 7. Ballot Measure Supported or Opposed (campaign committees 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 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): [Signature]