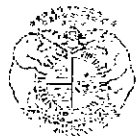


C211552



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

Office **JAN 11 2021** *AM*

Statement of Committee Organization

1. Statement Information

Date: 12/21/2020
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Gateway to Progress PAC

Name of Committee
PO Box 190106 St Louis MO 63119 (314) 968-2600
Committee Mailing Address, City, State, & Zip Telephone Number

AM St Louis County
Official Committee Email Address 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

Kathryn Drennen
Treasurer's Name (First & Last)

7253 Watson Road PMB 1115 St Louis, MO 63119 (314) 968-2600
Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Jordan Overstreet, PAC Mgr 810 Wildwood Apt 519 JCMO 65109
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)

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 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.

Kathryn Jayne Drennen
Committee Treasurer Candidate (Candidate Committees Only)