

C211564



Missouri Ethics Commission (MEC)  
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Missouri Ethics Commission

Office Use  
JAN 20 2021  
PM

# Statement of Committee Organization

## 1. Statement Information

Date: 1/15/21  
Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Name of Committee: Show Me Integrity Action Fund  
Committee Mailing Address, City, State, & Zip: 5114 Chateaus Bluff Dr St. Louis MO 63111 Telephone Number: (314) 440-7509  
Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Mike Prudence  
Treasurer's Mailing Address, City, State, & Zip: 5114 Chateaus Bluff Dr St. Louis MO 63111  
Treasurer's Email Address (optional): \_\_\_\_\_  
Treasurer's Home Telephone Number: ( ) Treasurer's Work Telephone Number: (314) 440-7509  
Deputy Treasurer's Name (if one appointed): Tyler Schlichenmeyer  
Deputy Treasurer's Mailing Address, City, State, & Zip: 2816 Michigan Ave St. Louis MO 63118  
Deputy Treasurer's Email Address (optional): \_\_\_\_\_  
Dep. Treasurer's Home Telephone Number: ( ) 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 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: \_\_\_\_\_ 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): \_\_\_\_\_