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2/9/21

C001108



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

Office Use:
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Statement of Committee Organization

1. Statement Information

Date: 2/9/2021
Type: New Amended (if amending, enter MEC ID: F1303008 & section changed _____)

2. Committee Information

Name of Committee: CITIZENS FOR RODDY
4366 LINDOLLA
Telephone Number: (314) 880-7560

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

Treasurer's Name (First & Last): MARK RODDY
Treasurer's Email Address (optional): _____
Treasurer's Mailing Address, City, State, & Zip: 4931 Lindell #150 St. Louis, MO 63116
Treasurer's Home Telephone Number: (314) 732-7722
Treasurer's Work Telephone Number: _____
Deputy Treasurer's Name (if 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

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

AMENDMENT

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

Name & Mailing Address, City, State, & Zip of Financial Institution: SAME
Account Name: _____
Account Number: _____

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

Name & Mailing Address, City, State & Zip of Candidate: SELF
Election Date: 3/25
Office Sought & Political Subdivision: CITY WIDE
Telephone Number (Candidate Committees Only): (314) 880-7560
Political Party: N/A
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: _____
Candidate (Candidate Committees Only): [Signature]