



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

Received by email
 3/2/21

Office Use:
 [Signature]

Statement of Committee Organization

1. Statement Information

Date: 3/2/2021
 Type: New Amended (if amending, enter MEC ID C000653 & section changed 3)

2. Committee Information

Name of Committee _____
 Committee Mailing Address, City, State, & Zip _____ Telephone Number _____
 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

Meredith Melahn
 Treasurer's Name (First & Last)
 200 East High Street, Suite B
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
 (573) 2530606 (573) 8934241
 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

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 _____ 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.

[Signature]
 Committee Treasurer _____ Candidate (Candidate Committees Only) _____