Missouri Ethics Commission

OCT 19 2021

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

Statement of Committee Organization

Office Use:

1. **Statement Information**

Date: 10/15/21

Type: ☐ New ☒ Amended (if amending, enter MEC ID C190985 & section changed 3)

2. **Committee Information**

Missourians for a New Approach
Name of Committee

PO Box 190201
Committee Mailing Address, City, State, & Zip

(314) 259-1234
Telephone Number

St. Louis, MO 63119
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**

Leslye Winslow
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

PO Box 190201
Treasurer's Mailing Address, City, State, & Zip

( ) Treasurer's Home Telephone Number

(314) 259-1234
Treasurer's Work Telephone Number

St. Louis, MO 63119
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**

Assistant Committee Officer's Name & Title (if any)

Assistant Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

AMENDMENT

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.

Leslye Winslow
Committee Treasurer

Candidate (Candidate Committees Only)