

C211662

Ethics Commission



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

OFFICE 4/27/2022  
Rec'd by email

### Statement of Committee Organization

1. **Statement Information**

Date: 2/15/2022  
Type:  New  Amended (if amending, enter MEC ID C211662 & section changed 2,3)

2. **Committee Information**

Colin Lovett for Missouri  
Name of Committee  
15455 Manchester Rd Unit 131 Ballwin, MO 63022  
Committee Mailing Address, City, State, & Zip Telephone Number  
St. Louis County Board of Elections  
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**

Helena Webb  
Treasurer's Name (First & Last) 424 Brass Lamp Ballwin  
15455 Manchester Rd Unit 131, Ballwin, MO 63022  
Treasurer's Mailing Address, City, State, & Zip  
Treasurer's Email Address (optional) (636) 329-4804  
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  
Amendment  
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. **Financial Institution 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)**

Colin Lovett 256 Pine Tree Lane Ballwin, MO 63011  
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
8/02/2022 State Representative / Missouri House Democrat  
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), Office Information(s) & Title (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 [Signature] Candidate (Candidate Committees Only)