



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

MEC Ethics Commission
 APR 26 2022
 Rec'd by email

C180168

1. Statement Information

Date: 4/24/2022

Type: New Amended (if amending, enter MEC ID C180168 & section changed 3)

2. Committee Information

Name of Committee: Friends of Mary Elizabeth Coleman

Committee Mailing Address, City, State, & Zip: 1035 Sable Lane Arnold, Mo 63010 Telephone Number: (314) 375-6715

Ken Walker
 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 Name: Jon Selsor

Treasurer's Name (First & Last)
 6024 Fourth St., Box 33, Kimmswick, MO 63053

Treasurer's Mailing Address, City, State, & Zip

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 420-6071

Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

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)

Connected Organization's Name (if any)

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

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.

Committee Treasurer

Candidate (Candidate Committees Only)