

C 222250



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:

MO Ethics Commission

AUG 30 2022

Rec'd by email

1. Statement Information

Date: 08/01/2022  
Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

2. Committee Information

36 Political Fund - State  
Name of Committee  
2319 Chouteau Ave Suite 200 63103 (314) 371-2800  
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

Ted Ramsdell  
Treasurer's Name (First & Last)  
2319 Chouteau Ave Ste 100  
Treasurer's Mailing Address, City, State, & Zip  
Treasurer's Email Address (optional)  
(314) 277-6092 (314) 371-2800  
Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
Deputy Treasurer's Name (if one appointed)  
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)  
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)

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.

*Ted Ramsdell*  
Committee Treasurer Candidate (Candidate Committees Only)