

C180627



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

Missouri Ethics Commission

Office Use:
SEP 12 2022

1. Statement Information

Date: 09/02/2022
Type: [X] New [X] Amended (if amending, enter MEC ID C180627 & section changed 2, 5)

2. Committee Information

Missouri Voter Project - State PAC
Name of Committee: 7253 Watson Road, PMB 1115 (314) 968-2600
Committee Mailing Address, City, State, & Zip: St Louis County Telephone Number
Official Committee Email Address: County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Committee Type: [ ] Campaign [ ] Candidate [X] Continuing (PAC) [ ] Debt Service [ ] Exploratory [ ] Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last)
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)
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)
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)

[X] 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.

Handwritten signature of Committee Treasurer

Committee Treasurer

Candidate (Candidate Committees Only)