

C000824



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

MO Ethics Commission
Office Use:
FEB 1 2023
Rec'd by email

Statement of Committee Organization

1. Statement Information

Date: 02/01/2023
Type: [] New [x] Amended (if amending, enter MEC ID C000824 & section changed 2 & 3)

2. Committee Information

21st Century St. Louis PAC
Name of Committee
211 N. Broadway, Suite 1300, St. Louis, MO 63102 (314) 272-2558
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 [x] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Samuel Murphey
Treasurer's Name (First & Last)
211 N. Broadway, Suite 1300, St. Louis, MO 63102
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
Treasurer's Home Telephone Number (314) 444-1197
Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)
Deputy Treasurer's Mailing Address, City, State, & Zip
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

Amendment

CANDIDATES: Do you have more than one candidate committee? [] Yes (refer to instructions on back) [x] 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)

[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.

Samuel P. Murphey
Committee Treasurer
Candidate (Candidate Committees Only)

X