



# Missouri Ethics Commission (MEC)

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## Statement of Committee Organization

C201428

Missouri Ethics Commission  
Office Use:  
NOV 02 2023  
Filed by email

### 1. Statement Information

Date: 11/2/2023

Type: ☐ New ☒ Amended (If amending, enter MEC ID C201428 & section changed 2 or 3 (addreses))

### 2. Committee Information

Serve Missouri PAC

Name of Committee

701 Market Street, Suite 1510, St. Louis, MO 63101

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

Sam Gladney

Treasurer's Name (First & Last)

15 Sussex Drive, Brentwood MO 63144

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

Treasurer's Email Address (optional)

(314) 368-0502

Treasurer's Home Telephone Number

(314) 669-0976

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)

Amendment  
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)

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)