

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:
JAN 24 2024

1. Statement Information

Date: 1/19/24
Type: [] New [x] Amended (if amending, enter MEC ID C180627 & section changed 2,3)

2. Committee Information

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

3. Treasurer/Deputy Treasurer Information

Matthew S McBride
Treasurer's Name (First & Last)
2750 Russell Blvd
Treasurer's Mailing Address, City, State, & Zip
St Louis, MO 63104
Treasurer's Email Address (optional)
(314) 252-8999
Treasurer's Home Telephone Number 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

Amendment

4. Additional Committee Information

Kathryn Jayne Drennen
Additional Committee Officer's Name & Title (if any)
347 Hazel Avenue St Louis, MO 63119
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]

Committee Treasurer Candidate (Candidate Committees Only)