



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

Statement of Committee Organization

July 03 2024
HAND DELIVERED

1. Statement Information

Date: June 29, 2024

Type: [X] New [] Amended (if amending, enter MEC ID C243035 & section changed)

2. Committee Information

Mosley PAC

Name of Committee

2320 Chambers Rd, St Louis, MO 63136

(314) 956-2566

Telephone Number

Mailing Address, City, State, & Zip

St Louis County Election Board

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

Albert L Banks

Treasurer's Name (First & Last)

2320 Chambers Rd, St Louis, MO 63136

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

None

Treasurer's Email Address (optional)

(314) 603-1995

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

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

4. Additional Committee Information

None

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

None

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) [X] No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Angela Mosley, 195 Waterford Dr, Florissant, MO 63033

Name & Mailing Address, City, State & Zip of Candidate

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Telephone Number (Candidate Committees Only)

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8/6/2024

State Senator District 13

Democrat

Support

Election Date

Office Sought & Political Subdivision

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

None

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.

Albert Banks (handwritten signature)

N/A

Candidate (Candidate Committees Only)