



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

MEC Ethics Commission
 APR 26 2022
 Rec'd by email

C180168

1. Statement Information

Date: 4/24/2022
 Type: New Amended (If amending, enter MEC ID C180168 & section changed 3)

2. Committee Information

Name of Committee: Friends of Mary Elizabeth Coleman
 Committee Mailing Address, City, State, & Zip: 1015 Sable Lane Arnold, Mo 63010 Telephone Number: (314) 375-6715
 County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee: Kens Walker
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer Name (First & Last): Jon Selsor
 Treasurer's Mailing Address, City, State, & Zip: 6024 Fourth St., Box 33, Kimmswick, MO 63053
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (314) 420-6071 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): _____
 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

Amendment

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.

Jon Selsor
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)