

C222307

Missouri Ethics Commission



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Office Use JAN 21 2025

Received by Email

1. **Statement Information**
 Date: 1/22/2025
 Type: ☒ New ☐ Amended (if amending, enter MEC ID C222307 & section changed 6)
2. **Committee Information**

Name of Committee _____

Committee Mailing Address, City, State, & Zip _____

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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**

Treasurer's Name (First & Last) _____

Treasurer's Email Address (optional) _____

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

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Treasurer's Home Telephone Number()
Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed) _____

Deputy Treasurer's Email Address (optional) _____

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

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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 _____

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 _____

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Telephone Number (Candidate Committees Only)4/8/2025
Election DateAldersperson/City of St. Louis
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.

David W. Meyer
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)