



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:

BB

Statement of Committee Organization

1. **Statement Information**
Date: 4-15-14
Type: ☒ New ☐ Amended (if amending, enter MEC ID C141247 & section changed _____)

2. **Committee Information**
Committee to Elect Robert Vroman
Name of Committee
715 N 21st #301 St. Louis MO 63103
Committee Mailing Address, City, State, & Zip
(314) 600-0608
Telephone Number
St. Louis City
County Clerk or Board of Election Commissioners
Official Committee Email Address
Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. **Treasurer/Deputy Treasurer Information**
Jesse Irwin
Treasurer's Name (First & Last)
6707 Minnesota St. Louis MO 63111
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
()
Treasurer's Home Telephone Number
(314) 775-5760
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)
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)**
Robert Vroman 715 N 21st #301 St. Louis MO 63103
Name & Mailing Address, City, State & Zip of Candidate
(314) 600-0608
Telephone Number (Candidate Committees Only)
11-4-14
Election Date
State Rep MO79th
Office Sought & Political Subdivision
Republican
Political Party
Support
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)