



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

Missouri Ethics Commission
Office Use
REC'D DEC 27 2016

Statement of Committee Organization

1. Statement Information

Date: 12/16/16

Type: New Amended (if amending, enter MEC ID C161421 & section changed _____)

2. Committee Information

ProgressWomen

Name of Committee

6340 Clayton Rd #206 St. Louis MO 63117 314-781-7707

Committee Mailing Address, City, State, & Zip

Telephone Number

St. Louis County

Official Committee Email Address

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

Int'l Clerk or Board of Election Commissioners

3. Treasurer/Deputy Treasurer Information

Burt Newman

Treasurer's Name (First & Last)

6340 Clayton Rd #206 St. Louis
MO 63117

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

Treasurer's Email Address (optional)

314-314-7473 ()

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)

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Dep. Treasurer's Work Telephone Number

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)

None

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

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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)

None

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)