

JUL 25 2017

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

Statement of Committee Organization

1. Statement Information

Date: July 17, 2017

Type: [ ] New [x] Amended (if amending, enter MEC ID C000824 & section changed 2-3)

2. Statement Information

Civic Progress Action Committee

Name of Committee

211 North Broadway, Suite 3600, St. Louis, MO 63102-2750

(314) 259-2475

Committee Mailing Address, City, State, & Zip

Telephone Number

St. Louis City Board of Election Commissioners

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Walter Metcalfe

Treasurer's Name (First & Last)

211 North Broadway, Suite 3600, St. Louis, MO 63102-2750

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

( ) Treasurer's Home Telephone Number

(314) 259-2475

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

( ) 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

AMENDMENT

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

( ) 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)

[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.

Committee Treasurer

Candidate (Candidate Committees Only)