

C180627



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

Office Use
SEP 13 2018
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Statement of Committee Organization

1. Statement Information

Date: 08/06/2018
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Missouri Voter Project PAC
Name of Committee
347 Hazel Avenue St Louis MO 63119 (314) 968-2600
Committee Mailing Address, City, State, & Zip Telephone Number
St Louis County
County Clerk or Board of Election Commissioners
Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Mary Ann Sedey
Treasurer's Name (First & Last)
2711 Clifton, St Louis, MO 63139
Treasurer's Mailing Address, City, State, & Zip
() ()
Treasurer's Home Telephone Number
(314) 773-3566
Treasurer's Work Telephone Number
Kathryn Jayne Drennen
Deputy Treasurer's Name (if one appointed)
347 Hazel Avenue, St Louis, MO 63119
Deputy Treasurer's Mailing Address, City, State, & Zip
() ()
Dep. Treasurer's Home Telephone Number
(314) 968-2600
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)

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.

Mary Anne Sedey
Committee Treasurer Candidate (Candidate Committees Only)