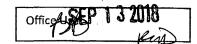


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



## **Statement of Committee Organization**

1.	Statement Information Date: 08/06/2018		
	Type: New Amended (if amending, enter MEC ID	& section cha	inged)
2.	Committee Information		
	Missouri Voter Project PAC		
	Name of Committee  347 Hazel Avenue  States MO	2311Q	(314)968-2600
	347 Hazel Avenue St Lowis MO Committee Mailing Address, City, State, & Zip		Telephone Number
	8	St Louis County	
	Committee Time Committee C	County Clerk or Board of Election Commission	
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party		
3.	Treasurer/Deputy Treasurer Information  Mary Ann Sedey		
	Treasurer's Name (First & Last)	freasurer's chian mula assignment.	
	2711 Clifton, St Louis, MO 63139	( )	(314)773-3566
	Treasurer's Mailing Address, City, State, & Zip	Teasurer's Hama Tolonhoon Number	Treasurer's Work Telephone Number
	Kathryn Jayne Drennen  Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	<i>i</i>
	347 Hazel Avenue, St Louis, MO 63119	Separty measurer's Email Address (optionary	,314 <sub>\</sub> 968-2600
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
1.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity, State, & Zip
5.	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees)	Yes (refer to instructions on t	pack) No
-			The second of the contract of the second
٥.	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 n	nust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) Check certification(s) & sign (required by all comm	nittees)	
	■ I affirm and attest under penalty of perjury that information ar further acknowledge that I am aware that any false statement or		
	Mary Anne Sedur		
	Committee Treasurer	Candidate (Candidate Committees Only)	