



Statement of Committee Organization

1. Statement Information

Date: 10/01/2018
 Type: New Amended (if amending, enter MEC ID C180627 & section changed 2, 3)

2. Committee Information

Missouri Voter Project Federal Committee

Name of Committee
 Committee Mailing Address, City, State, & Zip: 347 Hazel Avenue St Louis MO 63119 Telephone Number: (314) 968-2600

Original Committee Email Address: _____
 County Clerk or Board of Election Commissioners: St Louis County

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

3. Treasurer/Deputy Treasurer Information

Mary Anne Sedey
 Treasurer's Name (First & Last)
 Treasurer's Mailing Address, City, State, & Zip: 2711 Clifton, St Louis, MO 63139
 Treasurer's Home Telephone Number: _____ Treasurer's Work Telephone Number: (314) 773-3566

Kathryn Jayne Drennen
 Deputy Treasurer's Name (if one appointed)
 Deputy Treasurer's Mailing Address, City, State, & Zip: 347 Hazel Avenue, St Louis, MO 63119
 Deputy Treasurer's Home Telephone Number: _____ Dep. Treasurer's Work Telephone Number: (314) 968-2600

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): AMENDMENT
 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.

[Signature]
 Committee Treasurer

 Candidate (Candidate Committees Only)