



Missouri Ethics Commission (MEC)

P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization

Missouri Ethics Commission

JUN 05 2019

Office Use:
T191871

SA

1. Statement Information

Date: 05/24/2019

Type: ☒ New ☐ Amended (if amending, enter MEC ID C190871 & section changed)

2. Committee Information

Doug PAC

Name of Committee

4657 Forest Valley Dr. Saint Louis MO 63128 Saint Louis, MO 63128

Committee Mailing Address, City, State, & Zip

(314) 494-8985

Telephone Number

St. Louis County Board of Elections

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

3. Treasurer/Deputy Treasurer Information

Thomas Madden

Treasurer's Name (First & Last)

nal)

4657 Forest Valley Dr. Saint Louis, MO 63128

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

(314) 494-8985

Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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

Phone 1

Phone 2

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)

Doug Beck

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

9426 BRENDA AVE. ST. LOUIS, MO 63123 (314) 603-7404

Phone 1

Phone 2

11/3/2020

Election Date

MO Senate District 1

Office Sought & Political Subdivision

DEMOCRAT

Political Party

Support

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.

Committee Treasurer

Candidate (Candidate Committees Only)

MO 300-1308

Packet (Rev. 01/2016)

Form must be completed in full & contain original signature(s), fax filings are not accepted.