



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

Office Use: **JUL 19 2019**  
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**1. Statement Information**

Date: 07/15/2019  
 Type:  New  Amended (if amending, enter MEC ID C190906 & section changed \_\_\_\_\_)

**2. Committee Information**

MissouriValues  
 Name of Committee  
2641 Nebraska Ave 1st Floor St. Louis, MO 63118  
 Address, City, State, & Zip  
 Telephone Number (314) 252-0583

Official Committee email address \_\_\_\_\_  
 St. Louis City Board of Elections  
 County Clerk or Board of Election Commissioners  
 Committee Type:  Campaign  Candidate  Continuing(PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

Lisa Cagle  
 Treasurer's Name (First & Last)  
2641 Nebraska Ave 1st Floor St. Louis, MO 63118  
 Treasurer's Mailing Address, City, State, & Zip  
 Treasurer's Email Address (optional) \_\_\_\_\_  
(618) 694-4689  
 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)**

Name & Mailing address, City, State, & Zip of Candidate \_\_\_\_\_  
 Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
 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.

*[Handwritten signature]*  
 Committee Treasurer

\_\_\_\_\_  
 Candidate (Candidate Committees Only)