



AUG 20 2019 *BN*

Statement of Committee Organization

1. Statement Information

Date: 8/15/19
Type: New Amended (if amending, enter MEC ID C141338 & section changed 2, 3, 6)

2. Committee Information

Name of Committee: Page for Missouri
Committee Mailing Address, City, State, & Zip: 331 N. New Ballas Rd. P.O. Box 410091 St. Louis Mo (314) 989 9938
Telephone Number: 63141-9998
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

Treasurer's Name (First & Last): Sue Felling
Treasurer's Mailing Address, City, State, & Zip: 1855 Ironstone Rd St. Louis MO 63131
Treasurer's Email Address (optional): _____
Treasurer's Home Telephone Number: (314) 303-0293
Treasurer's Work Telephone Number: _____
Deputy Treasurer's Name (if one appointed): _____
Deputy Treasurer's Mailing Address, City, State, & Zip: _____
Deputy Treasurer's Email Address (optional): _____
Dep. Treasurer's Home Telephone Number: _____
Dep. Treasurer's Work Telephone Number: _____

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)

Name & Mailing Address, City, State, & Zip of Financial Institution: _____ Account Name: _____ Account Number: _____

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: Sam Page
Election Date: 8/4/2020 Office Sought & Political Subdivision: County Executive
Telephone Number (Candidate Committees Only): (314) 989-9938 Political Party: Democrat Support or Oppose: Support

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: [Signature] Candidate (Candidate Committees Only): Sam Page