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Missouri Ethics Commission (MEC)

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

Missouri Ethics Commission

Office Use
SEP 12 2019 RUS

Statement of Committee Organization

1. Statement Information

Date: 9/12/2019

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

2. Committee Information

Friends for Mary Pat Carl

Name of Committee

6561 Delor Street, St. Louis, Missouri

Committee Mailing Address, City, State, & Zip

(314) 761-1057

Telephone Number

St. Louis City Board of Election Commissioners

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Ed Bushmeyer

Treasurer's Name (First & Last)

48 Willmore, St. Louis, MO 63109

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

Treasurer's Email Address (optional)

(314) 283-7817

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

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)

Mary Pat Carl, 6561 Delor Street, St. Louis, MO 63109

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

(314) 761-1057

Telephone Number (Candidate Committees Only)

August 4, 2020

Election Date

Circuit Attorney

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)