



Missouri Ethics Commission (MEC)
 P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov
Statement of Committee Organization

Office SEP 17 2019
 T191992

1. Statement Information

Date: 09/10/2019
 Type: New Amended (if amending, enter MEC ID C190976 & section changed _____)

2. Committee Information

Jack PAC
 Name of Committee
 409 N 15th Street St Louis, MO 63103
 Mailing Address, City, State, & Zip
 (314) 250-3026
 Telephone Number
 St. Louis City Board of Elections
 County Clerk or Board of Election Commissioners
 Official Committee Email Address: _____
 Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Patrick Lynn
 Treasurer's Name (First & Last)
 409 N 15th Street St Louis, MO 63117
 Treasurer's Mailing Address, City, State, & Zip
 (314) 250-3026
 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)

Jack Coatar
 Name & Mailing address, City, State, & Zip of Candidate
 April 2021
 Election Date
 Alderman, St. Louis City
 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)

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)