



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: SEP 26 2019
T192010

HAND DELIVERED

1. Statement Information

Date: 09/19/2019

Type: ☒ New ☐ Amended (if amending, enter MEC ID C190985 & section changed)

2. Committee Information

Missourians for a New Approach

Name of Committee

PO Box 190201 St. Louis, MO 63119

(314) 259-1234

Telephone Number

Official Committee Email Address

St. Louis County 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

Mark Reading

Treasurer's Name (First & Last)

PO Box 190201 St. Louis, MO 63119

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

Treasurer's Email Address (optional)

(314) 259-1234

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)

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

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)

Adult-Use Marijuana Regulation

11/03/2020, Statewide

Support

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)