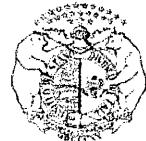


CI91002

Missouri Ethics Commission



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

OCT 04 2019

Office Use

T192022

1. Statement Information

Date: 10/01/2019

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

2. Committee Information

Faleti For Missouri

Name of Committee

4220 Duncan Ave St Louis, MO 63110

Committee Mailing Address, City, State, & Zip

(314) 440-7509

Telephone Number

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

Sarah Starnes

Treasurer's Name (First & Last)

642 E 36th St Kansas City, MO 64109

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

(816) 522-5584

Phone 1

Phone 2

Mike Pridmore

Deputy Treasurer's Name (if one appointed)

5114 Chouteaus Bluff Dr St. Louis, MO 63111

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

(314) 440-7509

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)

Account Number

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

Yinka Faleti 4220 Duncan Ave St. Louis, MO 63110

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

(314) 440-7509

Phone 1

Phone 2

08/04/2020

Secretary of State/Office of
the Attorney General

Election Date

Office Sought & Political Subdivision

Democrat

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

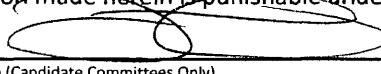
Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

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.

Sarah Starnes
Committee Treasurer


Candidate (Candidate Committees Only)