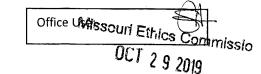


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information	ese de la companya d	
	Date: 10/35/19	MOO	7
2.	Type: New Amended (if amending, enter MEC ID C	& section cha	nged)
۷.	Committee Information		•
	Name of Committee		
	Committee Mailing Address, City, State, & Zip		()
			Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commission	ners
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PA	AC) 🗆 Debt Service 🗀 Explo	ratory
3.	Treasurer/Deputy Treasurer Information	and the second s	and the second s
	Mary Amy Sede / Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	2711 Class Am St Lais No 63139	()	()
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	5114 Charlenis RIFF DC St. Lais MD 63111	()	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Cold Australia 20, NO. 20 Table Co. 40	Additional Complete Office of SA Illino Addition	City Charles D. Till
	Additional Committee Office I and Committee O	Additional Committee Officer's Mailing Addre	rss, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	ty, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on b	oack) 🗆 No
5.	Official Bank Account Information (required by all committees)		
-	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
J.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	only)
	Election Date Office Sought & Political Subdivision	Delicit 10. Au	
_		Political Party	Support or Oppose
/.	Ballot Measure Supported or Opposed (campaign committees mo	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) Check certification(s) & sign (required by all comm	ittees)	
	[I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I		
	rther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Mull		
	Committee Treasurer	Candidate (Candidate Committees Only)	***************************************