



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

Office of Missouri Ethics Commission

OCT 29 2019

Statement of Committee Organization

1. Statement Information

Date: 10/25/19

Type: ☐ New ☒ Amended (if amending, enter MEC ID C190869 & section changed 3)

2. Committee Information

Name of Committee: VOTE 2020

Committee Mailing Address, City, State, & Zip

Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Mary Ann Seley

Treasurer's Mailing Address, City, State, & Zip: 2711 Clifton Ave St. Louis, MO 63139

Treasurer's Email Address (optional)

Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed): Mike Padmore

Deputy Treasurer's Mailing Address, City, State, & Zip: 5114 Chateaus Blvd St. Louis, MO 63111

Deputy Treasurer's Email Address (optional)

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name (Full Name): Amendment

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

Telephone Number (Candidate Committees Only)

Election Date

Office Sought & Political Subdivision

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)

☒ 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: [Signature]

Candidate (Candidate Committees Only)