

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

## Statement of Committee Organization

Office Use:	
C201161	

1.	Statement Information		
	Date: <u>02/18/2020</u>		
	Type: New Amended (if amending, enter MEC ID	& section cha	nged)
2.	Committee Information		
	Friends of Steve Lenivy Name of Committee		
	5628 Neosho St. Saint Louis, MO 63109		(314) 795-7020
	Committee Mailing Address, City, State, & Zip		Telephone Number
	[REDACTED] Official Committee Email Address	St. Louis City Board of Election County Clerk, Board of Election Commissione	
		(PAC) Debt Service Exp	· —
3.	Treasurer/Deputy Treasurer Information		
	Joseph Wilson	[REDACTED]	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	5608 Murdoch Avenue Saint Louis, MO 63109	(314) 651-5295	Dhone 2
	Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2
	Deputy Treasurer's Name (if one appointed)	[REDACTED] Deputy Treasurer's Email Address (optional)	
	,	-	21
	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 Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, City, S	
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions of	on back) No
5.	Official Bank Account Information (required by all committees)		_
	[REDACTED]	[REDACTED]	[REDACTED]
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must in	clude self, if candidate)	
	Steve Lenivy 5628 Neosho Street Saint Louis, MO 63109  Name & Mailing address, City, State, & Zip of Candidate	(314) 795-7020 Phone 1	Phone 2
	0 10 10		Filone 2
	08/04/2020 Committeeman/City of St. Louis	Democrat	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mu	ist complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all committe	ees)	
	■affirm and attest under penalty of perjury that information and		te, true, and accurate. I
	further acknowledge that I am aware that any false statement or d		
	ELECTRONICALLY FILED Feb 27 2020 11:26 PM	ELECTRONICALLY FILED Feb 2	7 2020 11:26 PM