



Office Use:
 C201350

Statement of Committee Organization

1. Statement Information

Date: 06/02/2020
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Missouri Justice & Public Safety PAC
 Name of Committee
 700 13th St NW Ste. 800 Washington, DC 20005
 Committee Mailing Address, City, State, & Zip
 (202) 661-5835
 Telephone Number
 [REDACTED]
 Official Committee Email Address
 St. Louis City Board of Elections
 County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee
 Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Velta Smith Treasurer's Name (First & Last) 5325 Fletcher Street St. Louis, MO 63136 Treasurer's Mailing Address, City, State, & Zip _____ Deputy Treasurer's Name (if one appointed) _____ Deputy Treasurer's Mailing Address, City, State, & Zip	[REDACTED] Treasurer's Email Address (optional) (202) 661-5835 Phone 1 Phone 2 [REDACTED] Deputy Treasurer's Email Address (optional) _____ Phone 1 Phone 2
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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)

[REDACTED] Name & Mailing Address, City, State, & Zip of Financial Institution	[REDACTED] Account Name	[REDACTED] Account Number
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6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Kim Gardner Name & Mailing address, City, State, & Zip of Candidate _____ City of St. Louis Circuit Attorney _____ Election Date Office Sought & Political Subdivision	_____ Phone 1 _____ Political Party	_____ Phone 2 _____ Support _____ Support or Oppose
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7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

_____ Name of Ballot Measure	_____ Election Date & Political Subdivision	_____ Support or Oppose
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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.

_____ Committee Treasurer	_____ Candidate (Candidate Committees Only)
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