

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:	1
C211547	

1.	Statement Information			
	Date: <u>01/06/2021</u>			
	Type: New Amended (if amending, enter MEC ID	& section changed)		
2.	Committee Information			
	The 100 PAC			
	Name of Committee 12026 Manchester Road Saint Louis, MO 63131		(314) 394-3370	
	Committee Mailing Address, City, State, & Zip		Telephone Number	
	[REDACTED] Official Committee Email Address	St. Louis County Board of Electon County Clerk, Board of Election Commissione		
	Committee Type: Campaign Candidate Continuing		ploratory Political Pary	
3.	Treasurer/Deputy Treasurer Information			
	Mark Milton	[REDACTED]		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	12026 Manchester Road Saint Louis, MO 63131	(314) 394-3370		
	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)		
	,			
	Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2	
4. 4	Additional Committee Information			
	Jim Lembke (Chairman) Additional Committee Officer's Name & Title (if any)	12026 Manchester Road Saint Louis, MO 63131 Additional Committee Officer's Mailing Address, City, State, & Zip		
	Additional committee officer's Name & Title (if any)	Additional Committee Officer 3 Maining Address	33, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, City, State, & Zip		
	${\it CANDIDATES:}\ Do\ you\ have\ more\ than\ one\ candidate\ committee?$	Yes (refer to instructions on back)		
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	
õ.	Candidate Supported or Opposed (candidate committees must in	clude self, if candidate)		
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	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 committee	·		
	■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.			
	ELECTRONICALLY FILED Jan 6 2021 09:28 AM	ELECTRONICALLY FILED Jan 6 2021 09:28 AM		
	Committee Treasurer	Candidate (Candidate Committees Only)		