



Office Use:
 C211627

Statement of Committee Organization

1. Statement Information

Date: 04/20/2021
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Adam Layne for STL
 Name of Committee

505 Bellerive Blvd Saint Louis, MO 63111 (314) 472-5708
 Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] St. Louis City Board of Elections
 Official Committee Email Address 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

Adam Layne [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

505 Bellerive Blvd Saint Louis, MO 63111 (314) 472-5708
 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. 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] [REDACTED] [REDACTED]
 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)

Adam Layne 505 Bellerive Blvd Saint Louis, MO 63111 (314) 472-5708
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

08/06/2024 Treasurer/City of St. Louis Democrat
 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)

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 May 4 2021 02:19 PM ELECTRONICALLY FILED May 4 2021 02:19 PM
 Committee Treasurer Candidate (Candidate Committees Only)