

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:	
C211649	

1.	Statement Information				
Τ.					
	Type: New Amended (if amending, enter MEC ID	& section changed)			
ว	Committee Information				
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	Amy Ryan for Missouri Name of Committee				
	2464 Taylor Road Suite 175 Wildwood, MO 63040	(636) 288-4687			
	Committee Mailing Address, City, State, & Zip	Telephone Number			
	[REDACTED] Official Committee Email Address	St. Louis County Board of Electron County Clerk, Board of Electron Commissione	ctions ers. Federal PAC/Out of State Committee		
	ommittee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Pary				
3.	Treasurer/Deputy Treasurer Information	rer/Deputy Treasurer Information			
	Kathryn Berger	[REDACTED]			
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)			
	2428 Evergreen Forest Court Wildwood, MO 63011 Treasurer's Mailing Address, City, State, & Zip	(636) 346-2484 Phone 1	Phone 2		
	Treasurer's Walling Address, City, State, & Zip		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)	cd Organization's Name (if any) Connected Organization's Mailing Address, City, State, & Zip			
	Connected Organization's Name (if any)				
	CANDIDATES: Do you have more than one candidate committee?				
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)				
	Amy Ryan 16615 Westglen Farms Drive Ballwin, MO 63011	(636) 288-4687			
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2		
	08/02/2022 State Senator/Missouri State Senate	Democrat			
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose		
7.	Ballot Measure Supported or Opposed (campaign committees mu	st complete this section)			
	Name of Della Manage		S		
_	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 RS					
	ELECTRONICALLY FILED Jun 22 2021 05:40 PM	ELECTRONICALLY FILED Jun 22 2021 05:40 PM			
Committee Treasurer		Candidate (Candidate Committees Only)			