



Office Use:
C221901

Statement of Committee Organization

1. Statement Information

Date: 03/08/2022
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Mason for the 28th
Name of Committee

5028 Alexander St St. Louis, MO 63116 (314) 600-0608
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

Robert Vroman [REDACTED]
Treasurer's Name (First & Last) Treasurer's Email Address (optional)

4105 Dressell Ave St. Louis, MO 63120 (314) 600-0608
Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

/ [REDACTED]
Deputy Treasurer's Name (if one appointed) 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)

Taunia Mason 4537 Westminster St. Louis, MO 63108 (314) 681-7924
Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

04/19/2022 Aldersperson/City of St. Louis Republican
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 Mar 8 2022 12:03 PM ELECTRONICALLY FILED Mar 8 2022 12:03 PM
Committee Treasurer Candidate (Candidate Committees Only)