



# Statement of Committee Organization

## 1. Statement Information

Date: 05/31/2023

Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Heart of SGF PAC

Name of Committee

8000 Maryland Ave Suite 1120 Clayton, MO 63105

Committee Mailing Address, City, State, & Zip

(314) 258-3137

Telephone Number

[REDACTED]

Official Committee Email Address

St. Louis County 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

Gregg Keller

Treasurer's Name (First & Last)

[REDACTED]

Treasurer's Email Address (optional)

8000 Maryland Ave Suite 1120 Clayton, MO 63105

Treasurer's Mailing Address, City, State, & Zip

(314) 258-3137

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]

Name & Mailing Address, City, State, & Zip of Financial Institution

[REDACTED]

Account Name

[REDACTED]

Account Number

## 6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Melanie Stinnett

Name & Mailing address, City, State, & Zip of Candidate

Phone 1

Phone 2

Election Date

Missouri House Dist 133

Office Sought & Political Subdivision

Political Party

Support

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 31 2023 03:22 PM

Committee Treasurer

ELECTRONICALLY FILED May 31 2023 03:22 PM

Candidate (Candidate Committees Only)