



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:  
 C253309

**1. Statement Information**

Date: 01/17/2025  
 Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

**2. Committee Information**

71 Percent PAC  
 Name of Committee  
409 N 15th St Saint Louis, MO 63116 (314) 399-8904  
 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**

Tom Platten [REDACTED]  
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)  
409 N 15th Street Saint Louis, MO 63103 (314) 399-8904  
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2  
Maureen Gelzer [REDACTED]  
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)  
409 N 15th St Saint Louis, MO 63103 (314) 399-8904  
 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)**

\_\_\_\_\_  
 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 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)**

I 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 17 2025 10:53 AM ELECTRONICALLY FILED Jan 17 2025 10:53 AM  
 Committee Treasurer Candidate (Candidate Committees Only)