



Office Use: BB [Signature]

Statement of Committee Organization

1. Statement Information

Date: July 7, 2015
 Type: New Amended (if amending, enter MEC ID C151127 & section changed _____)

2. Committee Information

Protect The Vote
 Name of Committee
12138 Mirror Lake Drive (314) 4168724
Telephone Number
St. Louis County
County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Jay Ashcroft
Treasurer's Name (Print & Last)
12138 Mirror Lake Drive
Treasurer's Mailing Address, City, State, & Zip
Katherine Ashcroft
Deputy Treasurer's Name (If one appointed)
12138 Mirror Lake Drive
Deputy Treasurer's Mailing Address, City, State, & Zip
(314) 2837549 (314) 8637001
Treasurer's Home Telephone Number Treasurer's Work Telephone Number
(314) 4168724 _____
Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

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)

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

Name & Mailing Address, City, State & Zip of Candidate _____
 Telephone Number (Candidate Committees Only) _____
 Election Date _____ Office Sought & Political Subdivision _____ Political Party _____ Support or Oppose _____

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Initiative/Petition 2015-066 Rotating to have recurring voter participation 11/08/2016 Statewide Support
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.

Jay Ashcroft _____
Committee Treasurer Candidate (Candidate Committees Only)