

EXHIBIT A

**INITIATIVE PETITION
SUBMISSION COVER
PAGE**

RETURN TO:
Missouri Secretary of State
Elections Division
600 W. Main St.
Jefferson City, MO 65101

**MISSOURI SECRETARY OF STATE
DENNY HOSKINS, CPA**

**PHONE: (800) 669-8683
WEB: <http://www.sos.mo.gov>**



Pursuant to Sections 116.100 and 116.332, RSMo, upon submitting a petition, please provide the following contact information:

09/12/2025

DATE OF SUBMISSION

von Glahn

LAST NAME*

Richard

FIRST NAME*

9 Wilshire Terrace

STREET ADDRESS*

Webster Groves

CITY*

Missouri

STATE*

63119

ZIP CODE*

314-5402049

PHONE*

richard@peoplenotpoliticiansmo.org

EMAIL

People Not Politicians

ORGANIZATION

CHECK ONE*:

☒ **A PERSON OR COMMITTEE, OTHER THAN ME, IS FUNDING A PORTION OF THE DRAFTING OR SUBMISSION OF THIS SAMPLE SHEET. (IF YOU ARE REQUIRED TO FILE A STATEMENT OF COMMITTEE ORGANIZATION PURSUANT TO SECTION 130.021.5, RSMo., A COPY MUST BE ATTACHED.)**

☐ **I AFFIRM THAT NO PORTION OF THE DRAFTING OR SUBMISSION OF THIS SAMPLE SHEET HAS BEEN FUNDED BY A PERSON OR COMMITTEE OTHER THAN ME.**

SIGNATURE OF PERSON SUBMITTING THE SAMPLE SHEET*

***REQUIRED INFORMATION**



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

C253606

Missouri Ethics Commission

SEP 05 2025

Statement of Committee Organization

Received by Email

Date 8/29/25

Type ☐ New ☐ Amended (if amending, enter MIP) C253606 & section(s) changed 2, 5

People Not Politicians

Name of committee

Committee mailing address, city, state, & ZIP code

Telephone number

Official committee email address

County clerk, Board of Election Commissioners, or Federal PAC / Out of state committee

Committee Type ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

Treasurer's name (first & last)

Treasurer's mailing address, city, state, & ZIP code

Treasurer's email address (optional)

Treasurer's home telephone number

Amendment

Deputy treasurer's name (if one is appointed)

Deputy treasurer's mailing address, city, state, & ZIP code

Deputy treasurer's email address (optional)

Dep. treasurer's home telephone number

Dep. treasurer's work telephone number

Additional committee officer's name & title (if any)

Additional committee officer's mailing address, city, state, & ZIP code

Connected organization's name (if any)

Connected organization's mailing address, city, state, & ZIP code

CANDIDATES: If the candidate for which this committee is formed has more than one candidate committee (may only have one per office sought) disclose on the committee name & address along with the name, address, & phone number of the treasurer & designate the aggregating committee on an attached sheet.

Name & mailing address, city, state, and ZIP code of financial institution

Account name

Account number

Account number of committee credit card (if any)

Issuer of committee credit card (if any)

Name & mailing address, city, state, & ZIP code of candidate

Telephone number (candidate committees only)

Election date

Office sought & political subdivision

Political party

Support or oppose



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization, cont.

Office Use:

8. BALLOT MEASURES SUPPORTED OR OPPOSED

Name of ballot measure _____ Election date & political subdivision _____ Support or oppose _____

Ballot measure summary _____

9. SIGNATURES AND CERTIFICATIONS

- ☒ 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 Chapter 575, RSMo.
- ☒ CONTINUING (PACS), CAMPAIGN, & POLITICAL PARTY COMMITTEES ONLY: I certify that no preliminary activity was funded by prohibited sources, whether directly or indirectly (see § 130.170, RSMo, for complete definitions of "preliminary activity," "prohibited sources," & "directly or indirectly.")

Committee treasurer (required for all committees) _____

Candidate (required for candidate committees only) _____



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Electronic Filing Agreement

Office Use:

This agreement is to be completed by local campaign committees to support or oppose local ballot measures.

1. AGREEMENT INFORMATION

Date: _____ MECID (if known): _____

Type: ☐ New ☐ Amended

2. COMMITTEE INFORMATION

Name of committee _____

Official committee email address (this address is used for communication from MEC and is part of your login to the campaign finance electronic filing system) _____

3. ELECTRONIC FILING AGREEMENT

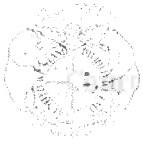
This committee agrees to file all future campaign finance reports using the Missouri Ethics Commission's (MEC) electronic filing system and understands that after the Commission receives this agreement the committee will no longer be required to file a paper format copy of its campaign finance reports with _____

Name of local election authority (county clerk or board of election commissioners) - The MEC will give notice of this agreement to this entity _____

Signature & title (treasurer or deputy treasurer) _____

VETERANS INFORMATION

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit <https://inv.dps.mt.gov/1A/learnmoreaboutveterans/1A/>



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:

C253606

1. Statement Information

Date: 08/11/2025

Type: ☒ New ☐ Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Missouri Voices

Name of Committee

PO Box 2187 St. Louis, MO 63158

Committee Mailing Address, City, State, & Zip

(314) 440-7509

Telephone Number

[REDACTED]

Official Committee Email Address

St. Louis City 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

Mike Pridmore

Treasurer's Name (First & Last)

[REDACTED]

Treasurer's Email Address (optional)

PO Box 2187 St. Louis, MO 63158

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

(314) 440-7509

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)

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)

TBD

Name of Ballot Measure

11/03/2026, Statewide

Election Date & Political Subdivision

Support

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 Aug 11 2025 04:47 PM

Committee Treasurer

ELECTRONICALLY FILED Aug 11 2025 04:47 PM

Candidate (Candidate Committees Only)



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

C253606
CORR

Missouri Ethics Commission
Office Use:

SEP 05 2025

1. STATEMENT INFORMATION

Date: 8/28/25

Type: ☐ New ☒ Amended (if amending, enter MEID c253606 & section(s) changed 2)

2. COMMITTEE INFORMATION

People Not Politicians

Name of committee

Committee mailing address, city, state, & ZIP code

Telephone number

Official committee email address

County clerk, Board of Election Commissioners, or Federal PAC/Out-of-state committee

Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. TREASURER/DEPUTY TREASURER INFORMATION

Treasurer's name (first & last)

Treasurer's mailing address, city, state, & ZIP code

Treasurer's email address (optional)

Treasurer's home telephone number

Treasurer's work telephone number

Deputy treasurer's name (if one is appointed)

Deputy treasurer's mailing address, city, state, & ZIP code

Deputy treasurer's email address (optional)

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 code

Connected organization's name (if any)

Connected organization's mailing address, city, state, & ZIP code

CANDIDATES: If the candidate for which this committee is formed has more than one candidate committee (may only have one per office sought) disclose on the committee name & address along with the name, address, & phone number of the treasurer & designate the aggregating committee on an attached sheet.

5. OFFICIAL BANK ACCOUNT INFORMATION (required for all committees)

Name & mailing address, city, state, and & ZIP code of financial institution

Account name

Account number

6. COMMITTEE CREDIT CARD(S)

Account number of committee credit card (if any)

Issuer of committee credit card (if any)

7. CANDIDATE SUPPORTED OR OPPOSED (candidate committee must include self, if candidate)

Name & mailing address, city, state, & ZIP code of candidate

Telephone number (candidate committees only)

Election date

Office sought & political subdivision

Political party

Support or oppose



Statement of Committee Organization And Electronic Filing Agreement

AMENDING A COMMITTEE'S INFORMATION

To amend a committee's *Statement of Committee Organization*:

- Complete **Step 1: Statement Information**. Mark the form as Amended, enter the committee's MECID, and list any amended sections.
- You do not need to complete the entire form. Simply complete any sections that need to be updated.
- Complete **Step 9: Signatures and Certifications**. The amended *Statement of Committee Organization* must always be signed by the committee's treasurer. If the committee is a candidate committee, the candidate must also sign the amended statement.
- Submit to the MEC via mail, email, fax, or hand-delivery (see contact information at the bottom of this page).

REGISTERING A LOCAL CAMPAIGN COMMITTEE (supporting or opposing a local ballot measure)

To register a local campaign committee to support or oppose a ballot measure at the local level, complete the *Statement of Committee Organization*. Print, sign, and deliver the form to your local election authority. Your committee will then file campaign finance reports on paper forms with your local election authority.

If your local campaign committee would prefer to file electronic campaign finance reports, you must complete both the *Statement of Committee Organization* and the *Electronic Filing Agreement* and submit to the Missouri Ethics Commission. From that point forward, the committee does not need to file paper reports with the local election authority. All reports will be filed electronically with the Missouri Ethics Commission.

SUBMIT TO THE MISSOURI ETHICS COMMISSION

MAIL

PO Box 1370
Jefferson City, MO 65102

EMAIL

helpdesk@mec.mo.gov

HAND DELIVERY

3411 A Knipp Dr.
Jefferson City, MO 65109

FAX

573-526-4506

NEED ADDITIONAL ASSISTANCE?

www.mec.mo.gov | helpdesk@mec.mo.gov | 573-751-2013



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Office Use:

Statement of Committee Organization, cont.

8. BALLOT MEASURE SUPPORTED OR OPPOSED (campaign committees must complete this section)

Name of ballot measure

Election date & political subdivision

Support or oppose

Ballot measure summary

9. SIGNATURE(S) AND CERTIFICATION(S) (required for all committees)

☒ 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 Chapter 575, RSMo.

☒ CONTINUING (PACS), CAMPAIGN, & POLITICAL PARTY COMMITTEES ONLY: I certify that no preliminary activity was funded by prohibited sources, whether directly or indirectly (see § 130.170, RSMo, for complete definitions of "preliminary activity," "prohibited sources," & "directly or indirectly.")

Committee treasurer (required for all committees)

Candidate (required for candidate committees only)



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Office Use:

Electronic Filing Agreement

This agreement is to be completed by local campaign committees to support or oppose local ballot measures.

1. AGREEMENT INFORMATION

Date: 8/28/25

MECID (if known): C253606

Type: ☐ New ☒ Amended

2. COMMITTEE INFORMATION

People Not Politicians

Name of committee

moballotcampaigns@gmail.com

Official committee email address (this address is used for communication from MEC and is part of your login to the campaign finance electronic filing system)

3. ELECTRONIC FILING AGREEMENT

This committee agrees to file all future campaign finance reports using the Missouri Ethics Commission's (MEC) electronic filing system and understands that after the Commission receives this agreement the committee will no longer be required to file a paper format copy of its campaign finance reports with

(Statewide) - Missouri Ethics Commission

Name of local election authority (county clerk or board of election commissioners) - The MEC will give notice of this agreement to this entity.

Signature & title (treasurer or deputy treasurer)

VETERANS INFORMATION

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit <https://myc.dps.mo.gov/MoVeteransInformation/Survey/MEC>



Statement of Committee Organization Instructions

Court Document Not an Official Court Document Not an Official Court Document Not an Official Court Document

1. STATEMENT INFORMATION

- Enter the statement date.
- Mark the statement as either new (if filing your initial statement) or amended (if updating information for an existing committee). If amending, list the committee's MECID and any sections changed)

2. COMMITTEE INFORMATION

- Enter the full name of the committee (candidate committee's must include the last name of the candidate)
- Enter the committee's mailing address, telephone number, and official email address
- Enter the committee's county clerk or the board of election commissioners in which the committee is domiciled.
- Select the type of committee. Campaign committees are formed to support or oppose a specific ballot measure. Candidate committees are formed by a candidate to support their candidacy. Continuing committees (PACs) are formed to remain in existence beyond any one election cycle.

3. TREASURER/DEPUTY TREASURER INFORMATION

Every committee must have a treasurer who resides in the district or county in which a committee sits. Candidates forming a candidate committee may appoint themselves as treasurer and act as a committee of one.

- Enter the committee treasurer's full name, mailing address, telephone number, and email address (email address is optional, but is used for).
- Enter the full name, mailing address, telephone number, and email address (optional) of the committee's deputy treasurer (if one is appointed).

4. ADDITIONAL COMMITTEE INFORMATION

- Enter the full name of any additional committee officers (if any) along with their title and mailing address.
- If the committee has a connected organization, list the name and mailing address of the organization
- CANDIDATES: If the candidate for which this committee is formed has more than one candidate committee (may only have one committee per office sought), disclose on an attached sheet, the full committee name and address together with the name, address, and phone number of the treasurer and designate the aggregating committee.

5. OFFICIAL BANK ACCOUNT INFORMATION

Every committee is required to open an official bank account, in the name of the committee, at a state or federal chartered institution within Missouri.

- Enter the name and address of the financial institution where the bank account is held.
- Enter the account name, which must match the name of the committee, and account number for the official bank account.

6. COMMITTEE CREDIT CARD(S)

- List the account number and issuer of the committee's credit card (if any).

7. CANDIDATE SUPPORTED OR OPPOSED

- Enter the name and address of the candidate for which this committee is organized. Candidate committees must include the candidate's phone number.
- Enter the election date, office sought, political subdivision, political party, and whether the committee is supporting or opposing the candidate.

8. BALLOT MEASURE SUPPORTED OR OPPOSED

- Enter the name, election date, political subdivision, and a summary of the ballot measure.
- Indicate whether the committee is supporting or opposing the ballot measure

9. SIGNATURE(S) AND CERTIFICATION(S)

- All committees must attest that the contents of the Statement of Committee Organization are complete, true, and accurate.
- Continuing (PAC), campaign, and political party committees only will certify that no preliminary activity was funded by prohibited sources.
- The committee treasurer is required to sign the original and all amended Statements of Committee Organization.
- The candidate's signature is also required for candidate, debt service, and exploratory committees.

VETERANS INFORMATION

- If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/MEC>