



Statement of Committee Organization

1. Statement Information

Date: 6/30/2020
 Type: New Amended (if amending, enter MEC ID C000879 & section changed 2,3)

2. Committee Information

Name of Committee: 28th Ward Democrats Campaign Committee

Committee Mailing Address, City, State, & Zip: 12 Washington Ter. St. Louis, MO 63112 Telephone Number: (314) 546-7436

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): Jessica Angelette

Treasurer's Mailing Address, City, State, & Zip: 12 Washington Terrace, St. Louis, MO 63112

Treasurer's Home Telephone Number: (314) 546-7436 Treasurer's Work Telephone Number: _____

Deputy Treasurer's Name (if one appointed): _____

Deputy Treasurer's Email Address (optional): _____

Deputy Treasurer's Mailing Address, City, State, & Zip: _____

Dep. Treasurer's Home Telephone Number: _____ Dep. Treasurer's Work Telephone Number: _____

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): Amendment

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)

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: _____ 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)

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.

Committee Treasurer: J. Angelette

Candidate (Candidate Committees Only): _____