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Missouri Eurlies Commission

Office 1967 3 0 2020



## Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

## **Statement of Committee Organization**

Statement Information Date: 10/26/2020		िक्षण है। सिर्मा है, विश्व की की	一一人,不是不是一个重要的	
Type: New Amended (if amending, enter MEC ID		& section changed)		
Committee Information Friends of Bill S			7.00	
A955 Finkman St, Apt 1E, St. Louis MO 63		3109	(314 <sub>)</sub> 793-5580	
Committee Mailing Address, City, Sta	te, & Zip 	St. Louis Board of Election Commissioners		
Committee Type: 🗆 Ca	ampaign 🗏 Candidate 🛚 Continuing	•	ioners, or Federal PAC/Out of State Committee ploratory	
Treasurer/Deputy Trea	surer Informatión	<b>是一个时间,这个时间</b>		
Luke Henson Treasurer's Name (First & Last) 1502 Herbert Ave, Treasurer's Mailling Address, City, Sta	FL 2, St. Louis MO 63107	Treasurer's Email Address (optional) (217) 720-7180 Treasurer's Home Telephone Number	(	
Deputy Treasurer's Name (if one app	ointed)	Deputy Treasurer's Email Address (option	nal)	
Deputy Treasurer's Mailing Address,	City, State, & Zip	() Dep. Treasurer's Home Telephone Numb	er Dep Treasurer's Work Telephone Number	
Additional Committee	Information	STATE VENEZULA		
Robert Fischer, Public Relations  Additional Committee Officer's Name & Title (if any)		3600 Texas Ave, Unit C, St. Louis MO 63118 Additional Committee Officer's Mailing Address, City, State, & Zip		
Connected Organization's Name (if a	nnected Organization's Name (if any)		Connected Organization's Mailing Address, City, State, & Zip	
	ave more than one candidate committees nformation (required by all committees			
Candidate Supported or Opposed (candidate committees must William (Bill) Stephens, 4955 Finkman, APT 1E, St. Louis MO 63109		t include self, if candidate): (314)793-5580		
Name & Mailing Address, City, State 04/06/2021	& Zip of Candidate Alderman, 12th Ward	Telephone Number (Candidate Committ	···	
Election Date	Office Sought & Political Subdivision	Democrat Political Party	Support Support or Oppose	
. Ballot Measure Suppor	ted or Opposed (campaign committees	must complete this section)		
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose -	
Signature(s) : Check ca	rtification(s) & sign (required by all con	nmittees) - Notes		
	der penalty of perjury that information at I am aware that any false statement o	•	ounishable under Ch. 575 RSMo.	