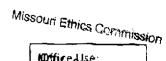
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C121334





Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Statement Information	्राप्त राष्ट्रक्ष भव राष्ट्र	্ ক্রম ভার গার রাইছন	The first of the first state of the first
Type: New Amended	(if amending, enter MEC ID $\underline{ extbf{C}}$	121334 & section o	hanged
Committee Information :		A Section	
Citizens to Elect Kim			
Name of Committee	isony carano.		
P.O Box 24782			(314)629-8622
Committee Mailing Address, City, State, & Zip		St. Louis City	Telephone Number
-			oners, or Federal PAC/Out of State Committee
Committee Type: 🔲 Campaig	n 🗏 Candidate 🗆 Continuin	g (PAC) 🗆 Debt Service 🗀 Ex	ploratory 🗆 Political Party
Treasurer/Deputy Treasurer In	nformation	· · · · · · · · · · · · · · · · · · ·	and the same of the same
Kimberly Gardner			
Treasurer's Name (First & Last)		Treasurer's Email Address (optional)	
P.O Box 24782		()	_ ()
Treasurer's Mailing Address, City, State, & Zip	<u> </u>	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
Deputy Treasurer's Name (If one appointed)		Ceputy Treasurer's Email Apdress Joption	121)
pepping measurer smanner in one appearately		/ /	1
Ceputy Treasurer's Mailing Address, City, State,	& Др	Oop, Treasurer's Home Telephone Number	er Dep. Treasurer's Work Telephone Number
Additional Committee Inform	ation is a second of the		
	, , , , , , , , , , , , , , , , , , , ,		<u></u>
Additional Committee Officer's Name & Title (if	anyl	Additional Committee Officer's Mailing Address, City, State, & Zio	
	ANATAI		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Connected Organization's Name (if any)	741945.141	Confrected Organization's Mailing Addres	is, City, State, & Zio
CANDIDATES: Do you have mo	re than one candidate committ	tee? 🗆 Yes (refer to instructions o	on back) 🔲 No
	tion (required by all committe		
			
1			
Candidate Supported or Oppo	sed (candidate committees mi	ust include self, if candidate)	
Citizens To Elect Kimberly Gardner		(314)629-8622	()
Name & Malling Address, City, State & Zip of Ca		Telephone Number (Candidate Committe	ses Only)
08/6/2024	Circuit Attorney	Democrat	Support
Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose
Ballot Méasure Supported or	Opposed (campaign committee	es must camplete this section)	
			<u> </u>
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose
Signature(s) - Check certificat	ion(s) & sign (required by all co	ommittees)	
	halty of perjury that information	n and facts in this report are com	oplete, true, and accurate. I
further acknowledge that I am	aware that any faise statement	t or declaration)made herein is p	unishable under Ch. 575 RSMo
Duncher 1 Bin	L. La	Simbel /	Yn .
Committee Treasurer		Candidate (Candidate Cogny intees Only)	