



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

C201497  
 MO Ethics Commission  
 FEB 16 2022

# Statement of Committee Organization

Filed by email

**1. Statement Information**

Date: 2/16/2022  
 Type:  New  Amended (if amending, enter MEC ID C201497 & section changed 2)

**2. Committee Information**

7th Ward Democrats  
 Name of Committee  
 \_\_\_\_\_  
 Committee Mailing Address, City, State, & Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 \_\_\_\_\_  
 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 Email Address (optional)
_____ Treasurer's Mailing Address, City, State, & Zip	( ) _____ ( ) _____ Treasurer's Home Telephone Number 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)	_____ Additional Committee Officer's Mailing Address, City, State, & Zip
_____ Connected Organization's Name (if any)	_____ Connected Organization's Mailing Address, City, State, & Zip

**Amendment**

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
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**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
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**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.

*Jazmyn Holton*

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Committee Treasurer Candidate (Candidate Committees Only)