Missouri Ethics Commission (MEC)

C180734

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

Statement of Committee Organization

Office Use
MO Ethics Commission
APR 26 2022
Rec'd by email

1 **Statement Information**

Date: 4/26/2022

Type: ☐ New ■ Amended (if amending, enter MEC ID C180734 & section changed 2)

2 **Committee Information**

4th Ward Democrats
Name of Committee

6823 Wise Avenue, St. Louis MO 63139
Committee Mailing Address, City, State, & Zip

(314) 644-3308
Telephone Number

Official Committee Email Address

St. Louis City Board of Elections
County Clerk, Board of Election Commissioners, or Filing at FEC/JEC or 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)

Amendment

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

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)**

Bank

6 **Candidate Supported or Opposed (candidate committees must include self, if candidate)**

Name & Mailing Address, City, State & Zip of Candidate

(___) Telephone Number (Candidate Committee Only)

Election Date

Office Sought & Political Subdivision

Political Party

Support or Opposition

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

Committee (Candidate Committee Only)