

C190948



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

Statement of Committee Organization

Missouri Ethics Commission

JAN 03 2023
Received by Fax

1. Statement Information

Date: 12/30/22
Type: ☐ New ☒ Amended (if amending, enter MEC ID C190948 & section changed 6)

2. Committee Information

Name of Committee _____
Committee Mailing Address, City, State, & Zip _____ Telephone Number _____
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) _____ 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 _____

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)

Kasheen Aldridge 1408 Wright St
Name & Mailing Address, City, State & Zip of Candidate St. Louis, 63107
Election Date March 7 / April 4th Office Sought & Political Subdivision Alderman 1A
Telephone Number (Candidate Committees Only) (314) 704-5067
Political Party Dem 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.

RECEIVED: NO. 4180 Kasheen Aldridge 01/03/2023/TUE 02:03PM Kasheen Aldridge