C121086



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

Statement of Committee Organization

Missouri Ethios Commission Office Use: JAN 3 12023

| Statement Information | | |
|--|--|---|
| Date: | | |
| Type: ☐ New Amended (if amending, enter MEC ID C12 | 1086 & section ch | nanged 0 |
| Committee Information | | |
| Mitten for Missouri | | |
| Name of Committee | | 044 044 0040 |
| 1615 Hunter Ave, St. Louis, MO 63117 | | (314) 644-0919 |
| Committee Mailing Address, City, State, & Zip | St. Louis County | Telephone Number |
| Committee Type: | - | ners, or Federal PAC/Out of State Committee loratory Political Party |
| Treasurer/Deputy Treasurer Information | | |
| Nelson Mitten | <u>_</u> | |
| Treasurer's Name (First & Last) | Treasurer's Email Address (optional) | |
| 1615 Hunter Ave, St. Louis, MO 63117 | (314) 644-0919 | (314) 727-0101 |
| Treasurer's Mailing Address, City, State, & Zip | Treasurer's Home Telephone Number | Treasuror's Work Telephone Number |
| Deputy Treasurer's Name (if one appointed) | Deputy Treasurer's Email Address (optional | 1) |
| | (| () |
| Deputy Treasurer's Mailing Address, City, State, & Zip | Dep. Treasurer's Home Telephone Number | Dep. Treasurer's Work Telephone Number |
| Additional Committee Information | | • |
| Additional Committee Officer's Name & Title (if any) | Additional Committee Officer's Mailing Add | Ameridmer |
| Connected Organization's Name (if any) | Connected Organization's Mailing Address, | City, State, & Zip |
| CANDIDATES: Do you have more than one candidate committee | ? T Ves Trefer to instructions or | n back) 🖼 No |
| Official Bank Account Information (required by all committees) | | |
| Name & Mailing Address, City, State, & Zip of Financial Institution | Account Name | Account Number |
| Candidate Supported or Opposed (candidate committees must | | |
| Gina Mitten, 1615 Hunter Ave, StLouis 63117 | / 314) 644-0919 | 1 |
| Name & Mailing Address, City, State & Zip of Candidate | Telephone Number (Candidate Committee | s Only) |
| 08/04/2026 State Senate, Dist 4 | Democrat | Support |
| Election Date Office Sought & Political Subdivision | Political Party | Support or Oppose |
| Ballot Measure Supported or Opposed (campaign committees must complete this section) | | |
| Name of Bailot Measure | Election Date & Political Subdivision | Support or Oppose |
| Signature(s) - Check certification(s) & sign (required by all com | mittees) | |
| I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I | | |
| further acknowledge that iam aware that any false statement or | | |
| Weller Hallo | Bun M | tt |
| | Candidate (Candidate Committees Only) | |