



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

C201113

MO Ethics Commission

Office Use:
 APR 12 2023

Rec'd by email

Statement of Committee Organization

1. Statement Information

Date: 4/11/2022
 Type: New Amended (if amending, enter MEC ID C201113 & section changed Treasurer)

2. Committee Information

314 Forward

Name of Committee
1617 Pennsylvania Ave. St. Louis, MO 63104
 Committee Mailing Address, City, State, & Zip

(630) 730-0916
 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

Alison Gee
 Treasurer's Name (First & Last)
1617 Pennsylvania Ave. St. Louis, MO 63104
 Treasurer's Mailing Address, City, State, & Zip

 Treasurer's Email Address (optional)
(314) 265-6048 _____
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number

 Deputy Treasurer's Name (if one appointed)

 Deputy Treasurer's Mailing Address, City, State, & Zip

 Deputy Treasurer's Email Address (optional)

 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)

 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

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.

[Signature]
 Committee Treasurer

 Candidate (Candidate Committees Only)

X