

C222306



Missouri Ethics Commission (MEC)
PO Box 1379, Jefferson City MO 65102, Fax: 573-526-4509, helpdesk@mac.mo.gov
Statement of Committee Organization

Missouri Ethics Commission
Office 1334
AUG 28 2023

Rec'd by email

1. **Committee Organization Information**

Date: 5/22/2023
Type: New Amended (If amending, enter MEC ID: C222306 & section changed: 33)

2. **Committee Organization Information**

Name of Committee: Sonnier For STL
Committee Mailing Address: City, State, & Zip: Po Box 435021, Saint Louis, MO 63143
Telephone Number: (314) 390-9022

Office of Committee Email Address: _____
County Clerk, Board of Election Commissioners, or to the MEC, Office of State Committee
Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. **Treasurer/Secretary (Required Information)**

Treasurer's Name (Full Name): Alisha Sonnier
Treasurer's Mailing Address: City, State, & Zip: PO Box 435021, Saint Louis, MO 63143
Treasurer's Home Telephone Number: (314) 390-9022
Treasurer's Work Telephone Number: _____
Secretary's Name (if one appointed): _____
Secretary's Mailing Address: City, State, & Zip: _____
Secretary's Home Telephone Number: _____
Secretary'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 (for bank statement): _____
Account Name: _____
Account Number: _____

6. **Committee's Support or Opposition (Candidates committees must indicate all)**

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 (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.
Alisha Sonnier _____
Committee Treasurer Candidate/Candidate Committee Chair

X