

A243115

MO Ethics Commission

JAN 11 2024

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use Rec'd by email

Statement of Committee Organization

1. **Statement Information**
 Date: 10/27/2023
 Type: New Amended (If amending, enter MEC ID A243115 & section changed)

2. **Committee Information**
 Name of Committee: Friends for Erica M. Brooks
 Committee Mailing Address, City, State, & Zip: 462 Mueller Ave, Ferguson, MO 63135 314 243 2805
 County Clerk or Board of Election Commissioners: _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. **Treasurer/Deputy Treasurer Information**
 Treasurer's Name (Print & Last): ERICA M. BROOKS
 Treasurer's Mailing Address, City, State, & Zip: 462 Mueller Ave.
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (314) 243 2805
 Treasurer's Work Telephone Number: _____
 Deputy Treasurer's Name (if not assigned): _____
 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)**

6. **Candidate Information (candidate committees must include self, if candidate)**
 Name & Mailing Address, City, State & Zip of Candidate: Erica M. Brooks 462 Mueller Ave 63135
 Telephone Number (Candidate Convenience Only): (314) 243 2805
 Date of Birth: April 2, 2024
 Office (Right & Political Subdivision): City Councilwoman Ward 9
 Political Party: Democrat
 Support or Oppose: _____

7. **Ballot Measure Supported or Opposed (campaign committees must complete this section)**
 Name of Ballot Measure: _____
 Election Date & Political Subdivision: _____

8. **Signature(s), Office Certification(s) & Attest (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 ORS 316.015.
 Signature of Treasurer: [Signature]
 Signature of Candidate (Candidate Committee Only): [Signature]

MO 300-1308
Packet (Rev. 12/2016)

Form must be completed in full & contain original signature(s), fax filings are not accepted.