

C232372

MAY 14 2024



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

Statement of Committee Organization

Office Use: Rec'd by email

1. Statement Information

Date: 05/09/2024
Type: New Amended (if amending, enter MEC ID C232372 & section changed 3--Treasurer)

2. Committee Information

Name of Committee: 2nd Ward Regular Democratic Organization
Committee Mailing Address, City, State, & Zip: 5456 Gresham Ave. St Louis MO 63109
Telephone Number: ()

Official Committee Email Address: _____
Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

3. Treasurer/Deputy Treasurer Information

Treasurer Name: Emily Cullins
Treasurer's Mailing Address, City, State, & Zip: 4361 Steins St. Louis MO 63116
Treasurer's Home Telephone Number: ()
Treasurer's Work Telephone Number: (314) 799-6382
Deputy Treasurer's Name (if one appointed): _____
Deputy Treasurer's Mailing Address, City, State, & Zip: _____
Deputy Treasurer's Home Telephone Number: ()
Deputy 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

Amendment

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.

Committee Treasurer: *Emily Cullins*
Candidate (Candidate Committees Only): *N. G. ...*
Jorick ...

X (handwritten mark)