## CO81453

PO Box	souri Ethics Commission (N x 1370, Jefferson City MO 65102, Fax: 573-5 tement of Committee O ion	26-4506, helpdesk@mec.mo.gov	Missouri Ethics Commission
Date: <u>12-17-2024</u>		31453 & section cha	nged 5
	tion		
Name of Committee PO Box 2656 Committee Mailing Address, Cit	St. Louis, MO 63111 y, State, & Zip		(314)5041226 Telephone Number
Official Committee Email Addre Committee Type: [	ss ] Campaign 🔳 Candidate 🔲 Continuing	County Clerk, Board of Election Commissioner (PAC)	
3. Treasurer/Deputy T	reasurer Information		E OF BAR STATE
Treasurer's Name (First & Last)	/A 0	Treasurer's Email Address (optional)	
Treasurer's Mailing Address, Cit	y, State, & Zip Amendmen	. Treasurer's Home Telephone Number	() Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one	e appointed)	Deputy Treasurer's Email Address (optional)	
Deputy Treasurer's Mailing Add	ress, City, State, & Zip	() Dep. Treasurer's Home Telephone Number	() Dep. Treasurer's Work Telephone Number
4. Additional Committ	ee Information		
Additional Committee Officer's	Name & Title (if any)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
Connected Organization's Name	e (if any)	Connected Organization's Mailing Address, Ci	ty, State, & Zip
	u have more than one candidate committe nt information (required by all committees		ack) 🖾 No
Name & Mailing Address, City, S	State, & Zip of Financial Institution	Account Name	Account Number
	d or Opposed (candidate committees mus	t include self, if candidate)	
······	9 Box 2656 St. Louis, MO 63111	( <u>314)</u> 5041227	()
Name & Mailing Address, City, S 3/\$/2025	State & Zip of Candidate Alderperson, Ward 3	Telephone Number (Candidate Committees C Democrat	Support
Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose
7. Ballot Measure Sup	ported or Opposed (campaign committees	must complete this section)	
Name of Ballot Measure	· · · · · · · · · · · · · · · · · · ·	Election Date & Political Subdivision	Support or Oppose
Signature(s) – Check	certification(s) & sign (required by all con	nmittees)	
	under penalty of perjury that information a that I am aware that any false statement of	• •	
Elena Lamprich		Shane Cohn	
Committee Treasurer		Candidate (Candidate Committees Only)	······································
10 300-1308 Packet (Rev. 1/2021)			Page 1 of 3

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