C222306



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

## Statement of Committee Organization

Missouri Etnics Commission Office Use:

JAN 22 2025

Received by Email

1.	1. Statement Information				
Date: 1/21/2025					
	Type:  New Amended (if amending, enter MEC ID C222306 & section changed 6				
2.	Name of Committee			·····································	
	Committee Mailing Address, City, State, & Zip			Telephone Number	
	Official Committee Email Address	oners, or Federal PAC/Out of State Committee			
	Committee Type: ☐ Campaigr				
3. Treasurer/Deputy Treasurer Information			· · · · · · · · · · · · · · · · · · ·		
	Treasurer's Name (First & Last)	, , , , , , , , , , , , , , , , , , , ,	Treasurer's Email Address (optional)		
	Treasurer's Mailing Address, City, State, & Zip		() Treasurer's Home Telephone Number	Treasurer's Work Telephone Number	
	Deputy Treasurer's Name (if one appointed)		Deputy Treasurer's Email Address (optiona	ıl)	
	Deputy Treasurer's Mailing Address, City, State, 8	a Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number	
4.	4. Additional Committee Information				
	Additional Committee Officer's Name & Title (if any and the same of the same o				
	Connected Organization's Name (if any) Cont		Connected Organization's Malling Address	onnected Organization's Malling Address, City, State, & Zip	
5.	CANDIDATES: Do you have more Official Bank Account Information				
	Name & Mailing Address, City, State, & Zip of Fina	ncial Institution	Account Name	Account Number	
6.	Candidate Supported or Opposed (candidate committees must Alisha Sonnier, 2825 Winnebago St., St. Louis, MO 63118		include self, if candidate)	Property of the second	
			(314)390-9022	. ( )	
	Name & Mailing Address, City, State & Zip of Cand 4/8/2025	idate Alderperson/City of St. Louis	Telephone Number (Candidate Committee	s Only)	
		Office Sought & Political Subdivision	Non-Partisan Political Party	Support or Oppose	
7. Ballot Measure Supported or Opposed (c		pposed (campaign committees r	nust 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)				
	affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I ther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.				
	Missi Dannie		Candidate (Candidate Committees Only)	Wie	