



**MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION**

OFFICE USE ONLY

MEC ID # C081453

STATEMENT DATE <b>12/08/2008</b>		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
3. FULL NAME OF COMMITTEE <b>Citizens for Shane Cohn</b>				
4. COMMITTEE MAILING ADDRESS ADDRESS: <b>P.O. Box 2656</b> CITY / STATE / ZIP: <b>St. Louis, Missouri 63116</b>			5. TELEPHONE NUMBER <b>314-504-1226</b>	
6. TREASURER'S NAME <b>CAYA AUFIERO</b>				
7. TREASURER'S MAILING ADDRESS ADDRESS: <b>P.O. Box 2656</b> CITY / STATE / ZIP: <b>St. Louis, Missouri 63116</b>			8. TELEPHONE NUMBER HOME: <b>314-885-2346</b> WORK:	
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER				
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP :			11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME    B. ADDRESS    C. TITLE			13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)				
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <b>Southern Commercial Bank 5515 South Grand St. Louis, Missouri 63111</b>		B. ACCOUNT NAME <b>Citizens for Shane/Shane Cohn</b>	C. ACCOUNT NO.	
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE				
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)				
A. NAME <b>Shane Cohn</b>		B. ADDRESS <b>4666 Tennessee Ave., STL, MO 63111</b>	C. TELEPHONE NO. <b>314-504-1226</b>	D. POLITICAL PARTY <b>DEM</b>
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)				
A. NAME		B. ADDRESS		
18. CANDIDATES SUPPORTED OR OPPOSED				
A. NAME(S) OF CANDIDATE(S) <b>Shane Cohn</b>	B. ELECTION DATE <del>04/07/2008</del> <b>3.3.09</b>	C. OFFICE SOUGHT <b>Alderman</b>	D. POLITICAL SUBDIVISION <b>25th Ward - St. Louis City</b>	CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED				
A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  _____ TREASURER'S SIGNATURE		21. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEE TREASURER) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  _____ CANDIDATE'S SIGNATURE		

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DEC 11 2008