



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C081453

OFFICE USE ONLY

STATEMENT DATE 3/29/2010		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 6, 7, 8, 9, 10, 11, 14b, 18b	
3. FULL NAME OF COMMITTEE CITIZENS FOR SHANE COHN					
4. COMMITTEE MAILING ADDRESS ADDRESS: P.O. BOX 2656 CITY / STATE / ZIP: ST. LOUIS, MISSOURI 63116				5. TELEPHONE NUMBER 314-504-1226	
6. TREASURER'S NAME NORMAN L. SUTTERER					
7. TREASURER'S MAILING ADDRESS ADDRESS: 4473 39TH STREET CITY / STATE / ZIP: ST. LOUIS, MISSOURI 63116				8. TELEPHONE NUMBER HOME: 314-752-7997 WORK: 314-607-2388	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER CAYA AUFIERO					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 3301 MERAMEC STREET CITY / STATE / ZIP: ST. LOUIS, MO 63118				11. TELEPHONE NUMBER HOME: 314-865-2346 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 SOUTHERN COMMERCIAL BANK 5515 SOUTH GRAND ST. LOUIS, MISSOURI 63111 B. ACCOUNT NAME CITIZENS FOR SHANE COHN 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 Shane Cohn B. ADDRESS 4666 Tennessee Ave., STL, MO 63111 C. TELEPHONE NO. 314-504-1226 POLITICAL PARTY DEM					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) Shane Cohn B. ELECTION DATE 3/5/2013 C. OFFICE SOUGHT Alderman D. POLITICAL SUBDIVISION 25th Ward - St. Louis City 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 COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE		