

MISSOURI ETHICS COMMISSION STATEMENT OF COMMITTEE ORGANIZATION

MEC ID# <u>COO 0316</u>

BB

OFFICE USE ONLY

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STATEMENT DATE	TYPE OF STATEMEN	T (CHECK ONE) AMENDED	IF AMENDED, LIST ITEMS CHAN	IGED (LINE NUMBERS)			
3. FULL NAME OF COMMITTEE TEVY	Kennedy	Campaign	Committee				
4. COMMITTEE MAILING ADDRESS ADDRESS: 4101 Washin	,		5. TELEPHONE NUMBER				
C TOTACHDED'S NAME	n Lancasi						
7. TREASURER'S MAILING ADDRESS ADDRESS: 4236 MCPV CITY/STATE/ZIP: St, Louis			8. TELEPHONE NUMBER HOME: 314 933 0 WORK:				
9. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER							
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP :	YA.		11. TELEPHONE NUMBER HOME: WORK:				
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. AD	DRESS	DIMEN	13. IF CANDIDATE HAS O' THIS COMMITTEE DES AGGREGATING COMM				
14. OFFICIAL FUND DEPOSITORY: CHECKING A. NAME & ADDRESS OF BANK, SAVING & LO		• •	UNT(S)	ACCOUNT NO.			
15. TYPE OF COMMITTEE CANDIDATE POLITICAL PARTY 16. CANDIDATE SUPPORTED (CANDIDATE COI A. NAME TERRY KENNEdy	B ADDRESS		C. TELEPHONE NO. 314535-5574	DEBT SERVICE POLITICAL D. 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) B. ELECT TEVRY Kennedy 3/20	Alde	FICE SOUGHT VM &N Ward	D. POLITICAL SUBDIVISION St. Louis City	CHECK ONE E. SUPPORT F. OPPOSE			
19. BALLOT MEASURE(S) SUPPORTED OR OPF A. NAME(S) OF MEASURE(S)	B. ELECTION DA	 	; 	CHECK ONE E. SUPPORT F. OPPOSE			
20. COMMITTEE TREASURER'S SIGNATURE 21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) 1 CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND 1 CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND							
ACCURATE. Dim Juy Jumata TREASI PER'S AIGNATURE	<i></i>	ACCURATE. Jyf	Missouri Eth	ics Commission 1 0 2011			