



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:

[Signature]

Statement of Committee Organization

1. Statement Information

Date: 2/17/2012

Type: ☒ New ☐ Amended (If amending, enter MEC ID C121086 & section changed _____)

2. Committee Information

Gina Mitten for State Representative

Name of Committee

1615 Hunter Avenue

Committee Mailing Address, City, State, & Zip

(314) 644-0919

Telephone Number

St. Louis County

County Clerk or Board of Election Commissioners

Official Committee Email Address

Committee Type: ☐ Campaign ☒ Candidate ☐ Debt Service ☐ Exploratory ☐ Political Action (PAC) ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Nelson Mitten

Treasurer's Name (First & Last)

1615 Hunter Avenue

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 644-0919

Treasurer's Home Telephone Number

(314) 727-0101

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Missouri Ethics Commission

Additional Committee Officer's Name & Title (if any)

FEB 20 2012

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

5. Official Bank Account Information (required by all committees)

Name of Financial Institution

Account Name

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Gina Mitten, 1615 Hunter, St. Louis, MO 63117

Name & Mailing Address, City, State & Zip of Candidate

(314) 644-0919

Telephone Number (Candidate Committees Only)

08/07/2012 / 11/06/12

Election Date

State Rep, Dist. 83

Office Sought & Political Subdivision

Democrat

Political Party

Support

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must 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)

☒ I/We certify that this statement is complete, true and accurate.

☒ e-File: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.

[Signature]

Committee Treasurer

[Signature]

Candidate (Candidate Committees Only)