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

Office Use:	PM3	#	- }
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Statement of Committee Organization

1.	Statement Information					
	Date: 4/23/2012	@10887				
	Type: New Amended (if amending, enter MEC ID <u>e010</u>	881 & section cha	nged 2&3			
2.		M ²² V.				
_,	St. Louis City Labor Legislative Club		- 			
	Name of Committee	· · · · · · · · · · · · · · · · · · ·				
	5527 Rhodes Ave, St. Louis MO 63109		(314)799-9976			
	Committee Mailing Address, City, State, & Zip		Telephone Number			
	$\mathbf{e} \sim \hat{\gamma}_{\mathbf{c}} \cdot \mathbf{b}^{-1}$	St.Louis city board of elections				
	Official Committee Email Address	County Clerk or Board of Election Commission				
	Committee Type: Campaign Candidate Debt Service	■ Exploratory Political Ac	tion (PAC) Political Party			
3.	Treasurer/Deputy Treasurer Information					
	James Clifford					
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)				
	3337 Lemp Ave. #A ,St.Louis,MO,63118	(314) 226-4449	()			
	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 (optional)				
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number			
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4.	Additional Committee Information					
	Joseph Feldman,President	ARFERINA				
	Additional Committee Officer's Name & Title (if any)	Additional committee Office's Mailing Aderes	div State & Vin			
	Canadad Openhyding Alam (If and	Connected Opposite that Address Cha	S Local W B			
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, City				
_	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on ba	ick)No			
5.	Official Bank Account Information (required by all committees)					
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number			
6.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)				
		()	()			
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees Onl	y)			
	Election Date Office Sought & Political Subdivision	Political Party 5	Support or Oppose			
7.	Ballot Measure Supported or Opposed (campaign committees mu	ust complete this section)				
	Name of Ballot Measure	Election Date & Political Subdivision	support or Oppose			
8.	Signature(s) Check certification(s) & sign (required by all commi	ittees)				
	■ I/We certify that this statement is complete, true and accurate.					
	□ e-Filers: This committee is required by law to file with the MEC a	and will file all future campaign (finance reports using the			
	MEC's electronic filing system	en e	· · · · · ·			
	#11/1/6/1 - Tom					
	committee Treasurer Off NEW REVE	Candidate (Candidate Committees Only)				
MO	200-1308 Form must be completed in full & contain origin	•	not accepted. Page 1 of 3			
_	Packet (Rev. 09/2011)					