



# Statement of Committee Organization

## 1. Statement Information

Date: 12/26/12

Type:  New  Amended (if amending, enter MEC ID C121334 & section changed \_\_\_\_\_)

## 2. Committee Information

Name of Committee: Citizens to elect Kimberly M. Gardner

Committee Mailing Address, City, State, & Zip: P.O. Box 24782 St. Louis MO. 63115 Telephone Number: \_\_\_\_\_

Official Committee Email Address: \_\_\_\_\_ County Clerk or Board of Election Commissioners: St. Louis City Board of elect commission

Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Kimberly Stevens

Treasurer's Mailing Address, City, State, & Zip: P.O. Box 24782 St. Louis MO. 63115

Treasurer's Email Address (optional): \_\_\_\_\_

Treasurer's Home Telephone Number: (314) 335-9048

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

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

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

Connected Organization's Name (if any): \_\_\_\_\_

Connected Organization's Mailing Address, City, State, & Zip: \_\_\_\_\_

**AMENDMENT**

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 & Mailing Address, City, State, & Zip of Financial Institution: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

Name & Mailing Address, City, State & Zip of Candidate: P.O. Box 24782 St. Louis MO. 63115

Telephone Number (Candidate Committees Only): (314) 629-8622

Election Date: Aug 2014

Office Sought & Political Subdivision: 77

Political Party: Democrat

Support or Oppose: Support

*Citizens to elect Kimberly M. Gardner*

## 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 affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer: Kimberly Stevens

Candidate (Candidate Committees Only): Kimberly M. Gardner