



Office Use: BB de

Statement of Committee Organization

1. Statement Information

Date: 12/19/2012
 Type: New Amended (if amending, enter MEC ID C071342 & section changed 6)

2. Committee Information

Name of Committee _____
 Committee Mailing Address, City, State, & Zip _____ Telephone Number () _____
 Official Committee Email Address _____ County Clerk or Board of Election Commissioners _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last) _____ Treasurer's Email Address (optional) _____
 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 () _____

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 _____

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

5. Official Bank Account Information

Name & Mailing Address, City, State, & Zip of Financial Institution _____ Account Name _____ Account Number _____

6. Candidate Supported or Opposed

self
 Name & Mailing Address, City, State & Zip of Candidate _____ Telephone Number (Candidate Committees Only) () _____
08/02/2016 Treasurer, City of St. Louis Democrat Support
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

7. Ballot Measure Supported or Opposed

Name of Ballot Measure _____ Election Date & Political Subdivision _____ Support or Oppose _____

8. Signature(s) Check certification(s) & sign

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.

K. [Signature]
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)