



Statement of Committee Organization

1. Statement Information

Date: 01/29/2013

Type: New Amended (if amending, enter MEC ID C131028 & section changed _____)

2. Committee Information

Committee to Elect Yolanda Brown Alderwoman

Name of Committee

4960 Labadie Ave St. Louis, Mo. 63115

(314) 4541983

Committee Mailing Address, City, State, & Zip

Telephone Number

St. Louis City Board of Elections

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Marissa Brown

Treasurer's Name (First & Last)

4960 Labadie Ave St. Louis Mo. 63115

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

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Treasurer's Email Address (optional)

(314) 4541983

Treasurer's Home Telephone Number

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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

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Yolanda Brown

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

4960 Labadie Ave St. Louis, Mo. 63115

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)

Location & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

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

Yolanda Brown 4960 Labadie Ave St. Louis, Mo 63115

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

(314) 454 1983

Telephone Number (Candidate Committees Only)

(314) 229-3381

March 5th 2013

Election Date

Alderwoman Ward 1

Office Sought & Political Subdivision

City of St. Louis

Democratic

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 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

Candidate (Candidate Committees Only)