



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

Office Use: BB GA

Statement of Committee Organization

1. Statement Information

Date: April 10, 2013
 Type: New Amended (if amending, enter MEC ID C081453 & section changed 6)

2. Committee Information

CITIZENS FOR SHANE COHN
 Name of Committee
PO BOX 2656, ST. LOUIS, MO 63116 (314) 504-1226
 Committee Mailing Address, City, State, & Zip Telephone Number
ST. LOUIS CITY
 County Clerk or Board of Election Commissioners
 Official Committee Email Address
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

NORMAN L. SUTTERER
 Treasurer's Name (First & Last) 4473 S. 39TH ST., ST. LOUIS, MO 63116
 Treasurer's Mailing Address, City, State, & Zip (314) 752-7997 (314) 607-2383
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
CAYA AUFIERO
 Deputy Treasurer's Name (if one appointed) (314) 865-2346 ()
 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) AMENDMENT
 Additional Committee Officer's Mailing Address, City, State, & Zip
 Connected Organization's Name (if any) AMENDMENT
 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 & Mailing Address, City, State, & Zip of Financial Institution Account Name Account Number

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

Shane Cohn, 4666 Tennessee Ave., St. Louis, MO 63111 (314) 504-1226 ()
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
March 7, 2017 ALDERMAN DEMOCRAT SUPPORT
 Election Date Office Sought & Political Subdivision Political Party 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.
Norman L. Sutterer [Signature]
 Committee Treasurer Candidate (Candidate Committees Only)