



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

Office Use: *BB De*

Statement of Committee Organization

1. Statement Information

Date: April 18, 2013

Type: ☐ New ☒ Amended (if amending, enter MEC ID C121086 & section changed _____)

2. Committee Information

Gina Mitten for State Representative

Name of Committee

1615 Hunter Avenue, Richmond Heights, Missouri 63117

Committee Mailing Address, City, State, & Zip

(314) 644-0919

Telephone Number

St. Louis County

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

Nelson Mitten

Treasurer's Name (First & Last)

1615 Hunter, Richmond Hts. MO 63117

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

Treasurer's Email Address (optional)

(314) 644-0919

Treasurer's Home Telephone Number

(314) 727-0101

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

() Dep. Treasurer's Home Telephone Number

() Dep. Treasurer's Work Telephone Number

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

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 (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)

Gina Mitten, 1615 Hunter, Richmond Heights MO 63117

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

August 5, 2014 (Primary)/November 4, 2014 (General)

State Representative

Election Date

Office Sought & Political Subdivision

(314) 644-0919

Telephone Number (Candidate Committees Only)

Democrat

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)