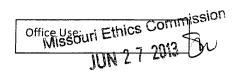


Missouri Ethics Commission (MEC)

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



Statement of Committee Organization

1.	Statement Information			
	Date: 5-29-2013			
	Type: New Amended (if amending, enter MEC ID CO/OO 43 & section changed 2			
2.				
	15th ward benocrats			
	3700 5 11tala Place Saintl	auic ma 63116	1314,771-1292	
	Committee Mailing Address, City, State, & Zip Telephone Number			
		St. Louis	-ity	
	Committee Type: Campaign Candidate Continuing	County Clerk or Board of Election Commiss	Political Party	
2	Treasurer/Deputy Treasurer Information	(I'Me) Destructive Like	Section of the sectio	
э.	, and the state of	25 - 1		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	Towns of Mailing Address City, Cases, P. 7:	()	()	
	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 (Giffier s Name & Title (Ifiany): 5 73	Additional Committee Officer's Mailing Add	ress. City. State. & Zip	
	AMENDIVIENT	6	,,,,	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	City, State, & Zip	
_	CANDIDATES: Do you have more than one candidate committee		back) No	
5.	Official Bank Account Information (required by all committees)		条,大学就《公司》中书·李·李·等。	
	Name 2 Assiling Address City Cooks 2 7 in of Figure 14 Legitudian	AA N	A Nove bear	
6.	Name & Mailing Address, City, State, & Zip of Financial Institution Candidate Supported or Opposed (candidate committees must.)	Account Name	Account Number	
٥.	Candidate Supported of Opposed featiglieste confinitiegs must.	micrade sensin candidate)		
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	Only)	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
	•	,		
/·	Ballot Measure Supported or Opposed (campaign committees n	just complete this section)	The second secon	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	Signature(s) Check certification(s) & sign (required by all comm	nittees)		
i	\square I affirm and attest under penalty of perjury that information an			
	further acknowledge that I am aware that any false statement or o			
	Le who bith			
i	Committee Treasurer	Candidate (Candidate Committees Only)		
	MO 300-1308 'Form must be completed in full & contain original signature(s), fax filings are not accepted. Page 1 of 3 Packet (Rev. 11/2012) W. Strank W. (1.1.2012)			
	Crospino 10, Wall			