

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

Office Use:	PSB	952
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Statement of Committee Organization

1.	Statement Information Date: 11/12/14		
	Type: New Amended (if amending, enter MEC ID	091211 & section changed \$, 60	
2. RA-	Committee Information		
	JOCKEAUENY SON MISSEURI		
لر	COMMITTER PLACE COMMITTEE Malling Address, City, State, & Zip	ST Louis, Mo 63130 (314) 863-4060 Telephone Number	
9	Officer Commission Com	St. Louis Borted of Election Commiscounty Clerk or Board of Election Commiscounty Clerk or Board of Election Commissioners	
	Committee Type: Campaign Candidate Continuing		
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		
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	Additional Committee Officers hange & mitteritany	Additional Committee Officer's Mailing Address, City, State, & Zip	
	Connected Organization (Namediffuny)	Connected Organization's Mailing Address, City, State, & Zip	
5.	CANDIDATES: Do you have more than one candidate committee Official Bank Account Information (required by all committees		
J.	Official Bank Account imprimation (required by all committees		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name Account Number	
6.	Candidate Supported or Opposed (candidate committees mus	st include self, if candidate)	
ť	Done & Mailing Address, City, State & Zip of gandidate 631 30	vs (N 314) 863 - 4060 (314) 725 - 8500 Telephone Number (Candidate Committees Only)	
	August 9 2016 STATEWISE CARGE	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 con	nmittees)	
	I affirm and attest under penalty of perjury that information a	·	
	further acknowledge that I am aware that any false statement o	or declaration made herein is punishable under Ch. 575 RSMo.	
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MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.