



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

Office of Missouri Ethics Commission  
 DEC 01 2014

# Statement of Committee Organization

## 1. Statement Information

Date: 11/23/2014

Type:  New  Amended (if amending, enter MEC ID C121334 & section changed \_\_\_\_\_)

## 2. Committee Information

Citizens to Elect Kimberly Gardner

Name of Committee

PO box 24782

Committee Mailing Address, City, State, & Zip

St. Louis Missouri 63115

Official Committee Email Address

County Clerk or Board of Election Commissioners

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

## 3. Treasurer/Deputy Treasurer information

Kimberly Stevens

Treasurer's Name (First & Last)

5057 North Kingshighway

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

St. Louis Mo 63115

Deputy Treasurer's Name (if one appointed)

Treasurer's Email Address (optional)

(314) 335-9048

Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional)

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

## 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

**AMENDMENT**

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)

Account Name

Account Number

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

Kimberly Gardner PO Box 24782

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

(314) 517-3800

Telephone Number (Candidate Committees Only)

08//2016

Election Date

State rep 77th District

Office Sought & Political Subdivision

Dem

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.

Kimberly Stevens  
 Committee Treasurer

Kimberly Stevens  
 Candidate (Candidate Committees Only)