



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

Office Use:

*81*

# Statement of Committee Organization

**1. Statement Information**

Date: 02/19/2015

Type:  New  Amended (If amending, enter MEC ID C010887 & section changed 2,3,5,8)

**2. Committee Information**

St. Louis City Labor Legislative Club

Name of Committee

500 Talcott Ave, St. Louis MO 63147

(314) 2806048

Telephone Number

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**

Shawn Milligan

Treasurer's Name (First & Last)

500 Talcott Ave St. Louis MO 63147

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

Treasurer's Email Address (optional)

(314) 2806048

Treasurer's Home Telephone Number

( ) Missouri Ethics Commission

Treasurer's Work Telephone Number

**FEB 23 2015**

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 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)**

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

Telephone Number (Candidate Committees Only)

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.

*Shawn Milligan*  
 Committee Treasurer

Candidate (Candidate Committees Only)