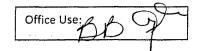


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

Date: $04/15/2015$ Type: New $\sqrt{}$ Amended (if amending, enter MEC ID $\frac{}{}$	121086 & section changed	en együllek Ejinefilen Öğle desileyüleyeteli
Committee Information Gina Mitten for State Representative		andromery and any analysis of the
Name of Committee 1615 Hunter Avenue		644-0919
ommittee Mailing Address. City. State. & 7in	St. Louis County County Clerk or Board of Election Commissioners	Number
Committee Type: Campaign 🗸 Candidate Continuin	g (PAC) Debt Service Exploratory	Political Party
Treasurer/Deputy Treasurer Information Nelson Mitten		
reasurer's Name (First & Last) 1615 Hunter Avenue reasurer's Mailling Address, City, State, & Zip	(/	727-0101 Work Telephone Number
eputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
eputy Treasurer's Malling Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number Dep. Treasu	rer's Work Telephone Nu
additional Committee Information additional Committee Officer's Name (life and processes of the Committee Officer's Name (life any)	Additional Committee Officer's Mailing Address, City, State Connected Organization's Mailing Address, City, State, & Zi	, & Zip
ANDIDATES: Do you have more than one candidate committee Official Bank Account Information (required by all committee		Vo
andidate Supported or Opposed (candidate committees mu Bina Mitten	st include self, if candidate) (314) 644-0919)
rimary 8/2/16; General 11/8/16 State Rep, HD083 ction Date Office Sought & Political Subdivision	Telephone Number (Candidate Committees Only) Democrat Political Party Support or C	
allot Measure Supported or Opposed (campaign committee	must complete this section)	
ne of Ballot Measure	Election Date & Political Subdivision Support or C	ppose
gnature(s) Check certification(s) & sign (required by all con I affirm and attest under penalty of perjury that information or ther acknowledge that I am aware that any false statement of	and facts/in this report are complete, true,	
Mills audit any raise statement (or declaration made never is purishable un	der Cir. 373 NSIVI

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted. Page 1 of 3

Missouri Ethics Commission