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

Office Use: BD 9

Statement of Committee Organization

1. Statement Information

Date: 04/15/2015

Type: ☐ New ☑ Amended (if amending, enter MEC ID C121086 & section changed _____)

2. Committee Information

Gina Mitten for State Representative
Name of Committee

1615 Hunter Avenue
Committee Mailing Address, City, State, & Zip

(314) 644-0919
Telephone Number

_____
Committee Email Address

St. Louis County
County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Nelson Mitten
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

1615 Hunter Avenue
Treasurer's Mailing Address, City, State, & Zip

(314) 644-0919
Treasurer's Home Telephone Number

(314) 727-0101
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 Officer's Name & Title (if any)

AMENDMENT

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)

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)		
Gina Mitten	(314) 644-0919	(____) _____	
Election Date	**Office Sought & Political Subdivision**	**Political Party**	**Support or Oppose**
Primary 8/2/16; General 11/8/16	State Rep, HD083	Democrat	Support

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.

Nelson L. Mitten
Committee Treasurer

Gina C. Mitten
Candidate (Candidate Committees Only)

Form must be completed in full & contain original signature(s), fax filings are not accepted.

Missouri Ethics Commission
APR 22 2015