



Office Use: [Signature]

Statement of Committee Organization

1. Statement Information

Date: 1-14-2016

Type: [] New [X] Amended (if amending, enter MEC ID 0141374 & section changed 3)

2. Committee Information

Friends of Jennifer Florida

Name of Committee

Committee Mailing Address, City, State, & Zip

Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Jennifer Florida

Treasurer's Name (First & Last)

3873 Hartford St Louis Mo 63116

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

Treasurer's Email Address (optional)

(314) 776 8900

Treasurer's Home Telephone Number

(314) 229 8904

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

Connected Organization's Name (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

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)

[X] 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.

[Signature] Committee/Treasurer

[Signature] Candidate (Candidate Committees Only)