



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

Office Use *BB PL*

Statement of Committee Organization

1. Statement Information

Date: 1/25/2016

Type: New Amended (if amending, enter MEC ID C141338 & section changed 3,8)

2. Committee Information

Page for Missouri

Name of Committee

17 Windsor Terrace Ln, Creve Coeur, MO 63141

(314) 989-9938

Committee Mailing Address, City, State, & Zip

Telephone Number

Official 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

LaDonna Applebaum

Treasurer's Name (First & Last)

12739 Cypressway Dr, St. Louis, MO 63146

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

Treasurer's Email Address (optional)

(314) 520-3094

Treasurer's Home Telephone Number

(314) 985-5673

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)

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)

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

(314) 989-9938

Telephone Number (Candidate Committees Only)

8/2/2016

Election Date

STL County Council, 2nd District

Office Sought & Political Subdivision

Democrat

Political Party

Support

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.

LaDonna Applebaum
 Committee Treasurer

Candidate (Candidate Committees Only)