

Missouri Ethics Commission (MEC)

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

Office Use:	RB	49
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Statement of Committee Organization

1.	Statement Information			
	Date: 4/15/2016			
	Type: New Amended (if amending, enter MEC ID HILL 1320 & section changed			
2.	Committee Information			
	Citizens for Annie Kire			
MQ	Name of Committee	CII : 100 / 311/	211 2000 001/	
>	Committee Mailing Address, City, State, & Zip	St Louis mo 6311C	(<u>5/9</u>) <u>599-88 61</u> Telephone Number	
	,		,	
	Omicial Committee citidii Aduress	County Clerk or Board of Election Commission		
	Committee Type: Campaign Candidate Continuing (P	AC) Debt Service Expl	oratory Political Party	
3.	Treasurer/Deputy Treasurer Information			
ر ه	Cara Jinsen			
	Treadfer's Name (First & Last)	rreasurer's Embil Address (optional)	5000	
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number	
	63110			
	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 Addr	acc City State 9 7in	
	Additional committee officer 3 Hame & Title (if any)	Additional Committee Officer 5 Maining Addi	ess, city, state, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	City, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on I	back) No	
5.	Official Bank Account Information (required by all committees)			
6.	Candidate Supported or Opposed (candidate committees must i	nclude self, if candidate)		
	Aprile Rice, 3955 Sterendarh Ave, St. Lous MO	(314) 399-8861	()	
L	Name & Mailing Address, City, State & Zip of Candidate Democratic O SI/O	Telephone Number (Candidate Committees C	Only)	
	Election Date Office, Sought & Political Subdivision	Political Party	Support of Oppose	
7	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)		
/.	Danot Measure Supported of Opposed (campaign committees in	ast-complete this section)		
	Name of Baliot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	Signature(s) Check certification(s) & sign (required by all comm	ittees)		
	Υ		ete true and accurate 1	
/	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that am aware that any false statement or declaration made berein is punishable under Ch. 575 RSMo.			
	(Marly)	X		
	Committee Treasurer	Candidate (Candidate Committees Only)		