



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

Missouri Ethics Commission
 Office Use:
 NOV 10 2016

jas

Statement of Committee Organization

Statement Information

1. Date: 10/31/16
 Type: New Amended (if amending, enter MEC ID C161370 & section changed _____)

Committee Information

2. (1st ward Democratic organization
 Name of Committee
4960 Labadie Ave St. Louis, mo. 63115 680-2334
 Committee Mailing Address Telephone Number
(314) 229-3381
St. Louis City Board of Election
 County Clerk or Board of Election Commissioners Commissioner

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

Treasurer/Deputy Treasurer Information

JAMES BROWN
 Treasurer's Name (First & Last)
4960 Labadie Ave St. Louis mo 63115
 Treasurer's Mailing Address, City, State, & Zip
NONE
 Deputy Treasurer's Name (if one appointed)
4960 Labadie Ave St. Louis mo 63115
 Treasurer's Home Telephone Number
(314) 454-1983
 Treasurer's Work Telephone Number
(314) 680-2334
N/A
 Deputy Treasurer's Email Address (optional)
 Dep. Treasurer's Home Telephone Number
 Dep. Treasurer's Work Telephone Number

Additional Committee Information

4. None
 Additional Committee Officer's Name & Title (if any)
 Additional Committee Officer's Mailing Address, City, State, & Zip
 Connected Organization's Name (if any)
 Connected Organization's Mailing Address, City, State, & Zip

Official Bank Account Information (required by all committees)

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Number

Candidate Supported or Opposed (candidate committees must include self, if candidate)

6. None

Election Date

Office Sought & Political Subdivision

Political Party

Support or Oppose

7.

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

Signature(s) Check certification(s) & sign (required by all committees)

8.

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.

Committee Treasurer

Candidate (Candidate Committees Only)

MO 300-1308
(Rev. 11/2014)

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

Page 1 of 3 Packet

Statement of Committee Organization Instructions:

Used to report information for registering a new committee or to amend information for an existing committee.

1. Statement Information:

- Enter date.
- Enter type of statement being filed. (If amending, complete section 1 (MEC ID # and section changed) and section 2 and then the section(s) being amended.)

2. Committee Information:

- Enter full name of the committee (candidate committee must include candidate's last name).
- Enter committee's mailing address and telephone number.
- Enter committee's official email address and enter the county (or board of election commissioners) in which the committee is domiciled.
- Select type of committee. Continuing committees (political action committees/PACs) are committees of continuing existence. Campaign committees are formed to support or oppose issues for only one election. Candidate committees are formed for candidates for elective office.

3. Treasurer/Deputy Treasurer Information: (Every committee must have a treasurer who is a resident of Missouri.

Candidates forming candidate committees may appoint themselves as treasurer and act as a committee of one.)

- Enter full name of treasurer and provide email address. (Email address is optional, but is used for communication from MEC.)
- Enter treasurer's mailing address and telephone numbers (home and work, may also enter cell).
- Enter full name of deputy treasurer (if one appointed) and their email address (optional).
- Enter deputy treasurer's mailing address & telephone numbers (home and work, may also enter cell).

4. Additional Committee Information:

- Enter full name of any additional committee officer (if any) along with their title and mailing address.
- Enter any organization's name considered to be connected to the committee (if any) and their mailing address.
- CANDIDATES: If the candidate for which this committee is formed has more than one candidate committee (may only have one per office sought), disclose **on an attached sheet**, the full committee name and address