



JAN 17 2017

Statement of Committee Organization

1. Statement Information

Date: 1/8/17 HAND DELIVERED
 Type: New Amended (if amending, enter MEC ID C7102 & section changed _____)

2. Committee Information

Name of Committee: Sarah Forman St. Louis
 Committee Mailing Address, City, State, & Zip: 3841 Holly Hills Blvd St. Louis, Mo 63116
 Telephone Number: (314) 329-4467

Official Committee Email Address: _____ County Clerk or Board of Election Commissioners: _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Kathy Gromacke
 Treasurer's Mailing Address, City, State, & Zip: 2914 Michigan St. St. Louis, Mo 63111
 Treasurer's Home Telephone Number: (314) 353-6857
 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): _____
 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: Sarah Martin 3841 Holly Hills Blvd 63116 St. Louis, MO
 Telephone Number (Candidate Committees Only): _____
 Election Date: 03/07/18
 Office Sought & Political Subdivision: Dem 11th Ward St. Louis City
 Political Party: Democrat
 Support or Oppose: 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.

Kathy Gromacke Committee Treasurer [Signature] Candidate (Candidate Committees Only)