



Office Use

Statement of Committee Organization

1. Statement Information

Date: 1/10/2017
 Type: New Amended (if amending, enter MEC ID C171023 & section changed _____)

2. Committee Information

Committee to Elect Keena M Carter
 Name of Committee
5936 Summit Pl St Louis MO 63147 (314) 363-3670
 Telephone Number

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

3. Treasurer/Deputy Treasurer Information

Keena M Carter
 Treasurer's Name (First & Last)
5936 Summit Pl St Louis MO 63147
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
(314) 363-3670 _____
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Deputy Treasurer's Name (if one appointed) _____
 Deputy Treasurer's Email Address (optional) _____

 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 _____

Missouri Ethics Commission
 JAN 18 2017

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)

Keena M Carter 5936 Summit Pl St Louis MO 63147
 Name & Mailing Address, City, State & Zip of Candidate
March 7, 2017 Alderwoman 27th Ward
 Election Date Office Sought & Political Subdivision
(314) 363-3670 _____
 Telephone Number (Candidate Committees Only)
Democratic Support
 Political Party Support or Oppose
City of St Louis

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.

Committee Treasurer

 Candidate (Candidate Committees Only)