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

Statement of Committee Organization

Office Use: Missouri Ethics Commission MAR 07 2017

1. **Statement Information**

Date: 3/3/17

Type: ☐ New ■ Amended (if amending, enter MEC ID C121086 & section changed 2, 6)

2. **Committee Information**

Mitten for Missouri
Name of Committee

1615 Hunter Ave, St. Louis, MO 63117
Committee Mailing Address, City, State, & Zip

(314) 644-0919
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**

Nelson Mitten
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

1615 Hunter Ave., St. Louis, MO 63117
Treasurer's Mailing Address, City, State, & Zip

(314) 644-0919
Treasurer's Home Telephone Number

(314) 727-0101
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)**

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

Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees Only)		
Gina Mitten, 1615 Hunter Ave., St. Louis 63117	(314) 644-0919	( )	
Election Date	**Office Sought & Political Subdivision**	**Political Party**	**Support or Oppose**
08/07/18 primary; 11/6/18 General	State Rep, HD083	Democrat	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.

Committee Treasurer

Candidate (Candidate Committees Only)