



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

Missouri Ethics Commission
 Office Use:
APR 17 2017 *BM*

Statement of Committee Organization

1. Statement Information

Date: APRIL 11, 2017
 Type: New Amended (if amending, enter MEC ID c081453 & section changed 5,6)

2. Committee Information

CITIZENS FOR SHANE COHN
 Name of Committee
P O BOX 2656, ST LOUIS, MO 63116
 Committee Mailing Address, City, State, & Zip
(314) 504-1226
 Telephone Number
ST LOUIS CITY
 County Clerk or Board of Election Commissioners
 Official Committee Email Address
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

NORMAN SUTTERER
 Treasurer's Name (First & Last)
4473 S 39TH ST., ST. LOUIS, MO 63116
 Treasurer's Mailing Address, City, State, & Zip
(314) 752-7997
 Treasurer's Home Telephone Number
(314) 607-2383
 Treasurer's Work Telephone Number
CAYA AUFIERO
 Deputy Treasurer's Name (if one appointed)
3301 MERAMEC ST., ST LOUIS, MO 63118
 Deputy Treasurer's Mailing Address, City, State, & Zip
(314) 865-2346
 Dep. Treasurer's Home Telephone Number
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 Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDMENT
 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)

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

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

SHANE COHN, 4666 TENNESSEE, ST LOUIS MO 63116
 Name & Mailing Address, City, State & Zip of Candidate
3/02/2021
 Election Date
CITY OF ST. LOUIS
ALDERMAN, 25TH WARD
 Office Sought & Political Subdivision
(314) 504-1226
 Telephone Number (Candidate Committees Only)
DEMOCRAT
 Political Party
SUPPORT
 Support or Oppose

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.
Norman Sutterer
 Committee Treasurer
[Signature]
 Candidate (Candidate Committees Only)