

APR 18 2017

Office Use:



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

Statement of Committee Organization

1. Statement Information

Date: April 17, 2017

Type: ☐ New ☒ Amended (if amending, enter MEC ID C010043 & section changed Treasurer)

2. Committee Information

Name of Committee: 15th Ward Democrats

Committee Mailing Address, City, State, & Zip: 3700 S. Utah Pl.

Telephone Number: ()

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): Kara Holland

Treasurer's Mailing Address, City, State, & Zip: 3506 McKean Ave St. Louis, MO 63118

Treasurer's Email Address (optional):

Treasurer's Home Telephone Number: (314) 552-1291

Treasurer's Work Telephone Number: ()

Deputy Treasurer's Name (if one appointed): N/A

Deputy Treasurer's Email Address (optional): N/A

Deputy Treasurer's Mailing Address, City, State, & Zip: N/A

Dep. Treasurer's Home Telephone Number: () N/A

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)

ACCOUNT NUMBER:

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): () ()

Election Date:

Office Sought & Political Subdivision:

Political Party:

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.

Committee Treasurer:

Candidate (Candidate Committees Only):