



Missouri Ethics Commission (MEC)

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

Missouri Ethics Commission Office Use:

APR 25 2017

Statement of Committee Organization

1. Statement Information

Date: 4/17/2017

Type: [] New [x] Amended (if amending, enter MEC ID c121334 & section changed)

2. Committee Information

Citizens to Elect Kimberly M. Gardner

Name of Committee

PO Box 24782 St. Louis Missouri 63115

Committee Mailing Address, City, State, & Zip

(314) 629-8622

Telephone Number

St. Louis City

County Clerk or Board of Election Commissioners

Official Committee Email Address

Committee Type: [] Campaign [x] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Kimberly Stevens

Treasurer's Name (First & Last)

5057 Kingshighway St. Louis Mo 63115

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 355-9048

Treasurer's Home Telephone Number

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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

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) [x] No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Candidate

6. Candidate Supported or Opposed (candidate committees must complete this section)

Citizens to Elect Kimberly M. Gardner

Name & Mailing Address, City, State & Zip of Candidate

(314) 629-8622

Telephone Number (Candidate Committees Only)

08/4/2020

Election Date

Circuit Attorney

Office Sought & Political Subdivision

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)

[x] 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.

Kimberly Stevens (Signature)

Committee Treasurer

Kimberly Stevens (Signature)

Candidate (Candidate Committees Only)