



Office Use: DEC 07 2017 *[Signature]*

**Statement of Committee Organization**

**1. Statement Information**

Date: 11/30/2017

Type:  New  Amended (if amending, enter MEC ID C71377 & section changed \_\_\_\_\_)

**2. Committee Information**

Annie Rice for STL

Name of Committee

3955 Shenandoah Avenue, St. Louis, MO 63110

Committee Mailing Address, City, State, & Zip

(314) 399-8861

Telephone Number

Committee Email Address

County Clerk or Board of Election Commissioners

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

**3. Treasurer/Deputy Treasurer Information**

Kimberly Franks

Treasurer's Name (First & Last)

4208 Flora Place St Louis MO 63110

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

Treasurer's Email Address (optional)

(314) 443-1091

Treasurer's Home Telephone Number

(314) 443-1091

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)

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)**

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

Annie Rice, 3955 Shenandoah Avenue, St. Louis, MO 63101

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

(314) 399-8861

Telephone Number (Candidate Committees Only)

02/13/2018

Election Date

8th Ward Alderman, City of St. Louis

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)**

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.

*[Signature]*  
 Committee Treasurer

*[Signature]*  
 Candidate (Candidate Committees Only)