



Statement of Committee Organization

1. Statement Information

Date: 1/4/17
 Type: New Amended (if amending, enter MEC ID C171377 & section changed 6)

2. Committee Information

Annie Rice for STL
 Name of Committee
3955 Shenandoah, Saint Louis MO, 63110 (314) 399-8861
 Committee Mailing Address Telephone Number
Saint Louis City Board of Election Commissioners
 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, Saint Louis MO, 63110
 Treasurer's Mailing Address, City, State, & Zip
(314) 443-1091 ()
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Deputy Treasurer's Name (if one appointed)
 Deputy Treasurer's Mailing Address, City, State, & Zip
() **Amendment**
 Deputy Treasurer's Home Telephone Number Deputy Treasurer's Work Telephone Number

4. Additional Committee Information

Citizens for Annie Rice
 Additional Committee Officer's Name & Title (if any)
3955 Shenandoah, Saint Louis, MO 63110
 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)

<u>Annie Rice 3955 Shenandoah, Saint Louis, MO 63110</u> Name & Mailing Address, City, State & Zip of Candidate	<u>(314) 399-8861</u> <u>()</u> Telephone Number (Candidate Committees Only)
<u>02/13/2018</u> Election Date	<u>8th Ward Alderman, City of Saint Louis</u> Office Sought & Political Subdivision
<u>Independent</u> Political Party	<u>Support</u> 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
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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.

Kimberly Franks
 Committee Treasurer
[Signature]
 Candidate (Candidate Committees Only)