



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

Office Use  
FEB 16 2018  
TOD Be

## Statement of Committee Organization

### 1. Statement Information

Date: 2/9/18

Type: ☒ New ☐ Amended (if amending, enter MEC ID C180077 & section changed \_\_\_\_\_)

### 2. Committee Information

Name of Committee: 27th WARD DEMOCRATIC ORGANIZATION

Committee Mailing Address, City, State, & Zip: 6000 WEST FLOISSANT AVE - ST. LOUIS MO 63103 Telephone Number: (618) 803-2433

County Clerk or Board of Election Commissioners: ST. LOUIS CITY

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

### 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): TIFFANY JONES

Treasurer's Mailing Address, City, State, & Zip: 6000 WEST FLOISSANT AVE

Treasurer's Home Telephone Number: (618) 803-2433

Treasurer's Work Telephone Number: (314) 622-3593

Deputy Treasurer's Name (if one appointed): KEENA M. CARTER

Deputy Treasurer's Mailing Address, City, State, & Zip: 6000 WEST FLOISSANT

Dep. Treasurer's Home Telephone Number: (314) 363-3670

Dep. Treasurer's Work Telephone Number: (314) 622-4179

### 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)

### 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: Tiffany Jones

Candidate (Candidate Committees Only): \_\_\_\_\_