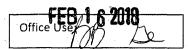


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



## **Statement of Committee Organization**

1)	Statement Information		in the second
U	Date: 2(9)18		
	Type: RONew - Amended (if amending, enter MEC ID 018 0077 & section changed)		
2.	Committee Information	gradient speed of the state of	
	374 WARD DEMOCRATIC OR	GANIZATION	
	6000 WEST Floussant	ALVE Stome	7418,803-2433
	Committee Mailing Address, City, State, & Zip	WO GOLD	Telephone Number
	_	County Clerk or Board of Election Commission	T V
	Committee Type: ☑ Campaign ☐ Candidate ☐ Continuing (P	AC)   Debt Service   Explo	oratory
3.)	Freasurer/Deputy Treasurer Information		
U	TIFFAHU JONES	•	· · · · · · · · · · · · · · · · · · ·
	Treasurer's Name (First & Last)	1.10 (2) 7.177	241.22-2602
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	KEENA M. CARTER  Deputy Treasurer's Name (if one appointed)		
		011012200	(2) 11 (2)
	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 Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on b	pack) 🗆 No
5.	Official Bank Account Information (required by all committees)		
_			
6.	Candidate Supported or Opposed (candidate committees must i	include self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	()
			Support or Oppose
_	Election Date Office Sought & Political Subdivision	Political Party	Support of Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust 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 d		
	JULAN CA		
	Committee Treasurer .	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 12/2016) Form must be completed in full & contain original signature(s), fax filings are not accepted.