



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

Office Use: MAY 09 2018

Statement of Committee Organization

1. Statement Information

Date: 4/18/2018
Type: New Amended (if amending, enter MEC ID C171377 & section changed 6)

2. Committee Information

Annie Rice for STL
Name of Committee
3955 Shenandoah Avenue, St. Louis, MO 63110 (314) 399-8861
Committee Mailing Address City, State, & Zip Telephone Number
ST 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 Place, St. Louis, MO 63110 (314) 443-1091 (314) 443-1091
Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number 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

Amendment

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)

Annie Rice, 3955 Shenandoah Avenue, (314) 399-8861
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
03/05/2018 8th Ward Alderwoman, City of St. Louis Democrat Support
Election Date Office Sought & Political Subdivision Political Party Support or Oppose
3-5-19

Handwritten initials

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