



Statement of Committee Organization

1. Statement Information

Date: 10/22/18
 Type: New Amended (if amending, enter MEC ID C121334 & section changed _____)

2. Committee Information

Name of Committee: Citizens to Elect Kimberly Coardner
 Mailing Address, City, State, & Zip: P.O. Box 24782
 Telephone Number: (314) 629-8622
 Official Committee Email Address: _____
 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): Kimberly Coardner
 Treasurer's Mailing Address, City, State, & Zip: P.O. Box 24782
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (314) 629-8622
 Treasurer's Work Telephone Number: _____
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Email Address (optional): _____
 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: Amendment
 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: <u>Citizens to Elect Kimberly Coardner</u>	Telephone Number (Candidate Committees Only): <u>(314) 629-8622</u>
Election Date: <u>8/4/2020</u>	Office Sought & Political Subdivision: <u>Circuit attorney</u>
Political Party: <u>Democrat</u>	Support or Oppose: <u>Support</u>

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.

Committee Treasurer: Kimberly Coardner
 Candidate (Candidate Committees Only): Kimberly Coardner