

Missouri Ethics Commission (MEC)

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

Missouri Ethics Commission
Office Park 0 9 2019 RM

Statement of Committee Organization

1.	Statement Information			
	Type: New □ Amended (if amending, enter MEC ID	& section changed)		
2.	Committee Information			
	Committee to Elect Tommie			
	1269 Shepley Dr. St Louis Committee Mailing Address, City, State, & Zip	. Mo 63137	(34) 707-5328 Telephone Number	
		unty Clerk or Board of Election Commissioners		
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party			
3.	Treasurer/Deputy Treasurer Information	· · · · · · · · · · · · · · · · · · ·		
	Treasurer's Name (First & Last)	Treasurer's Email Addres#(optional)	- 🔾	
	+368 Papal Dr. Florissant Treasurer's Mailing Address, Cityl State, & Zip MO 63033	(314) 3441-7341 Treasurer's Home Telephone Number	314) 349-7341 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	
4.	Additional Committee Information	- 4	Company of the Control of	
	Tracey Jeffries-Campaign Manage Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address	ob, Florissant 1 Ess, City, State, & Zip 6303	
	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	oack) 🗆 No	
5.	Official Bank Account Information (required by all committees)	V _k	Burn Barrell Commencer	
_	, commission			
6.	Candidate Supported or Opposed (candidate committees must i		and well of the state of the following	
	Name & Mailling Address, City, State & Zip of Cartilidate	(3/4) 868-7967 Telephone Number (Candidate Committees of	()	
	H2/19 MAND ON COURT	Telephone Number (Candidate Committees of	Signort	
	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.	ignature(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				
	Committee Tolasurer	Jemmu Jiman Candidate (Candidate Committees Only)	MAN .	