



JAN 17 2019

Statement of Committee Organization

1. Statement Information

Date: Jan. 7, 2019

Type: New Amended (if amending, enter MEC ID C190773 & section changed _____)

2. Committee Information

Debra Carnahan 4 STL
 Name of Committee

3150 Allen Ave., St. Louis, Mo 63104 (314) 803-7877
 Committee Mailing Address, City, State, & Zip Telephone Number

St-Louis City Board of Elections
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Jaclyn Guthrie
 Treasurer's Name (First & Last)

3435 Halliday Ave. St. L. 63118
 Treasurer's Mailing Address, City, State, & Zip

(636) 577-5606 (636) 577-5606
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Rosetta Okohson
 Deputy Treasurer's Name (if one appointed)

4565 Oakland Ave. St. L. 63110
 Deputy Treasurer's Mailing Address, City, State, & Zip

(314) 225-6658 (314) 225-6658
 Deputy Treasurer's Home Telephone Number Deputy Treasurer's Work Telephone Number

4. Additional Committee Information

none
 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)

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6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Debra Carnahan (314) 803-7877
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)

3-5-19 Alderman, 6th Ward Democrat support
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

none
 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.

[Signature] [Signature]
 Committee Treasurer Candidate (Candidate Committees Only)