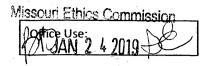


Missouri Ethics Commission (MEC)

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



Statement of Committee Organization

1.	Statement Information Date: 1/15/19		
Type: New XAmended (if amending, enter MEC ID <u>LIGO 229</u> & section changed <u>Commi</u>			inged <u>Committee</u> intornation
2.	Committee Information Committee to Elect Chris Car		
	La (700) W. Flur's Sont Ave St. Louis Committee Mailing Address, City, State, & Zip	mo bossib	(314) 38 2 1600 Telephone Number
	Committee Type: ☐ Campaign Candidate ☐ Continuing (Pa	County Clerk or Board of Election Commission AC) Debt Service Explo	
3.	Treasurer/Deputy Treasurer Information		
	Treasurer's Name (First & Last)	neadurer a emain maneau (openagran)	
	Treasurer's Mailing Address, City, State, & Zip	(314) 537. 7578 Treasurer's Home Telephone Number	(314) 382. 1600 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		
	Additional Committee Officer's Name & Title (if any) Connected Organization's Name (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip 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 i		
-	Chris Cort 5945 Parplin Name & Mailing Address, City, State & Zip of Candidate	(814) 882. 1600 Telephone Number (Candidate Committees C	()
) ¢	Tloti District State Rep Flection Date 4-2020 Office Sought & Political Subdivision	Nemocrosia Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m		
0	Name of Ballot Measure Signature(s) Chack contification(s) & sign (required by all some	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all committees) A affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate.		
-	further acknowledge that I am aware that any false statement or d		
	Jan-	11111	
	Committee Treasurer	Candidate (Candidate Committees Only)	