



Missouri Ethics Commission
 Office Use:
 JAN 29 2019

Statement of Committee Organization

1. Statement Information

Date: 1-22-19
 Type: New Amended (if amending, enter MEC ID C000316 & section changed 6)

2. Committee Information

Name of Committee: Terry Kennedy Campaign Committee
 Committee Mailing Address, City, State, & Zip: 4101 Washington, St. Louis, Mo. 63108
 Telephone Number: (314) 535-5574
 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): Johnson Lancaster
 Treasurer's Mailing Address, City, State, & Zip: 5579 Green, St. Louis, MO 63120
 Treasurer's Home Telephone Number: (314) 376-6892
 Treasurer's Work Telephone Number: (314) 376-6892
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Home Telephone Number: _____
 Deputy 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: Amendment
 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: Terry Kennedy, 4101 Washington, St. Louis, Mo 63108
 Election Date: 3/7/2023
 Office Sought & Political Subdivision: Alderman 18th Ward, St. Louis City
 Telephone Number (Candidate Committees Only): (314) 535-5574
 Political Party: Democrat
 Support or Oppose: support

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