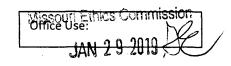


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



## **Statement of Committee Organization**

1. Statement Information			
	Date: 1-22-19		
	Type: ☐ New ☐ Amended (if amending, enter MEC ID <u>C</u> <u>OC</u>	003/6 & section cha	nged <u>6</u>
2.	ommittee Information		
	Terry Kennedy Campaign Committee		
	Name of Committee	15 Q	
	4101 Washington, St. Louis Me. 63, Committee Mailing Address, City, State, & Zip	10 B	(314) 535-5574 Telephone Number
	Committee Maining Address, City, State, & Zip	ST. LOUIS City	relephone Number
	and the second of the second o	County Clerk or Board of Election Commission	ners
	Committee Type: 🗆 Campaign 🗹 Candidate 🗆 Continuing (PAC) 🗀 Debt Service 🗀 Exploratory 🗀 Political Party		
3.	reasurer/Deputy Treasurer Information		
	Johnson Lancaster		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	5579 Green ST. Louis, Mo. 63120 Treasurer's Mailing Address, City, State, & Zip	(314) 376-6892	(314) 376-6892 Treasurer's Work Telephone Number
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	Separty Treasurer Situation (in one appointed)	Deputy measurer 3 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)	Additional Committee Officer's Mailing Addro	ess, City, State, & Zip
		711161	idment
	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)		
			The state of the s
	and the state of t		N ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6.	Candidate Supported or Opposed (candidate committees must i	nclude self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate  Al Derman 1827 Ward	(314) 535-5574 Telephone Number (Candidate Committees C	Only)
	Name & Mailing Address, City, State & Zip of Candidate  Alderman 18th Ward  3/7/2023  57: Louis City	Bemocrat	SUZDONT
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees must 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)		
	affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I		
	orther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Spiry Gerede Kann to	Zufal.	/
	Committee Treasurer	Candidate (Candidate Committees ONy)	

MO 300-1308 Packet (Rev. 12/2016)