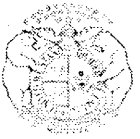


FEB 06 2019



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

Statement of Committee Organization

Office Use:
1191634 DE

1. Statement Information

Date: 02/03/2019

Type: [X] New [ ] Amended (if amending, enter MEC ID C190796 & section changed )

2. Committee Information

Committee to Elect Teri Powers 24th Ward Alderman

Name of Committee

1440 Central Avenue Saint Louis, MO 63139

Committee Mailing Address, City, State, & Zip

(314) 833-3145

Telephone Number

St. Louis City Board of Elections

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Teresa (Teri) Powers

Treasurer's Name (First & Last)

1440 Central Avenue Saint Louis, MO 63139

Treasurer's Mailing Address, City, State, & Zip

(314) 833-3145

Phone 1

(314) 620-0581

Phone 2

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Phone 1

Phone 2

4. Additional Committee Information

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) [X] No

5. Official Bank Account Information (required by all committees)

Account Number

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

Teresa Powers 1440 Central Avenue Saint Louis, MO 63139

Name & Mailing address, City, State, & Zip of Candidate

(314) 833-3145

Phone 1

(314) 620-0581

Phone 2

03/05/2019

Election Date

Aldersperson/City of St.

Louis Ward 24
Office Sought & Political Subdivision

Democrat

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. Signature(s) Check certification(s) & sign (required by all committees)

[X] 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.

Teresa (Teri) Powers
Committee Treasurer

Teresa (Teri) Powers
Candidate (Candidate Committees Only)

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will not
DE