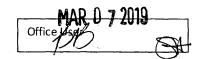


Missouri Ethics Commission (MEC)

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



Statement of Committee Organization

| Statement Information Date: 03/04/2019 | 000005 | 4 |
|--|--|--|
| Type: New Amended (if amending, enter MEC ID C000005 & section changed 4 Committee Information 14TH WARD DEMOCRATIC ORGANIZATION | | |
| Name of Committee 4569 ADKINS AVE | | (314)632-6508 |
| Official Committee Email Adducess | County Clerk or Board of Election Commis | ssioners |
| Committee Type: ☐ Campaign ☐ Candidate ■ Continuin | ng (PAC) 🗆 Debt Service 🗀 Ex | ploratory 🗆 Political Party |
| Treasurer/Deputy Treasurer Information KRISTIN L HOFFMANN | | |
| Treasurer's Name (First & Last) 4569 ADKINS AVE Treasurer's Mailing Address, City, State, & Zip | (314)632-6508 Treasurer's Home Telephone Number | (|
| Deputy Treasurer's Name (if one appointed) | Suppose The Suppose Su | , () |
| Deputy Treasurer's Mailing Address, City, State, & Zip Additional Committee Information | Dep. Treasurer's Home Telephone Number | er Dep. Treasurer's Work Telephone Numbe |
| TONYA JONES, PRESIDENT Additional Committee Officer's Name & Title (if any) | 4933 MURDOCH AV | YE, ST. LOUIS, MO 6310 ddress, City, State, & Zip |
| Connected Organization's Name (if any) | Connected Organization's Mailing Address | s, City, State, & Zip |
| CANDIDATES: Do you have more than one candidate commit Official Bank Account Information (required by all committee | | n back) 🗆 No |
| Name & Waning Address, Gry, State, & בוֹף טי Financial Institution | Account Name | Account Number |
| Candidate Supported or Opposed (candidate committees m N/A Name & Mailing Address, City, State & Zip of Candidate | ust include self, if candidate) () Telephone Number (Candidate Committe | es Only) |
| Election Date Office Sought & Political Subdivision | Political Party | Support or Oppose |
| Ballot Measure Supported or Opposed (campaign committee | es must complete this section) | |
| Name of Ballot Measure | Election Date & Political Subdivision | Support or Oppose |
| Signature(s) Check certification(s) & sign (required by all co | | |
| I affirm and attest under penalty of perjury that information further acknowledge that I am aware that any false statement | • | |
| Committee Treasurer | Candidate (Candidate Committees Only) | |

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