



**Statement of Committee Organization**

**1. Statement Information**

Date: 4/1/2019  
 Type:  New  Amended (if amending, enter MEC ID C190773 & section changed 3 & 6)

**2. Committee Information**

Debra Carnahan 4 STL  
 Name of Committee  
3150 Allen Avenue, Saint Louis, MO 63104  
(314) 803-7877  
 Telephone Number  
St. Louis City Board of Elections  
 County Clerk or Board of Election Commissioners  
 Official Committee Email Address  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

Jaclyn Guthrie  
 Treasurer's Name (First & Last)  
3435 Halliday Ave, Saint Louis, MO 63118  
 Treasurer's Mailing Address, City, State, & Zip  
Debra Carnahan  
 Deputy Treasurer's Name (if one appointed)  
3150 Allen Avenue, Saint Louis MO 63104  
 Deputy Treasurer's Mailing Address, City, State, & Zip  
 Treasurer's Email Address (optional)  
(636) 577-5606 ( )  
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
 Deputy Treasurer's Email Address (optional)  
 ( ) ( )  
 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

AMENDMENT  
 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)**

Name & Mailing Address, City, State, & Zip of financial institution

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

Debra Carnahan, 3150 Allen Ave, Saint Louis (314) 803-7877 ( )  
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
3/7/2023 6th Ward Alderman Democrat Support  
 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. 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.

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