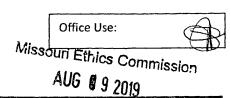


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



| 1. | Statement Information Date: August 6, 2019 | | |
|----|---|--|--|
| | | 0005 & section cha | anged 2, 3 |
| 2. | Committee Information 14th Ward Democratic Organization | | |
| | A959 Sutherland St. Louis Missouri 63109 | | (314)320-6598 |
| | Committee (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | St Louis City | Telephone Number |
| | Official Committee Email Address | County Clerk or Board of Election Commissio | ners |
| | Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party | | |
| 3. | Treasurer/Deputy Treasurer Information (| The state of the s | |
| | Treasurer's Name (First & Last) | Treasurer's Email Address (optional) | |
| | 4959 Sutherland St Louis M0 63109 | (314)320-6598 | (314)622-4546 |
| | 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) | |
| | | () | () |
| | Deputy Treasurer's Mailing Address, City, State, & Zip | Dep. Treasurer's Home Telephone Number | Dep. Treasurer's Work Telephone Number |
| 4. | Additional Committee Information | | |
| | Tonya Jones-President | 4933 Murdoch 6310 |)9 |
| | Additional Committee Officer's Name & Title (if any) | Additional Committee Officer's Mailing Addr | ess, City, State, & Zip |
| | Connected Organization's Name (iffany) Amendment | Connected Organization's Mailing Address, C | 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) | |
| | ποι αργ | () | () |
| | Name & Mailing Address, City, State & Zip of Candidate | Telephone Number (Candidate Committees | Only) |
| | Election Date Office Sought & Political Subdivision | Political Party | Support or Oppose |
| 7. | Ballot Measure Supported or Opposed (campaign committees | must complete this section) 🐥 | |
| | not app | | |
| | 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. In or the racknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo. | | |
| | Harry Kennedy + aut Donnia | Condidate (Condidate Condition Condition | |
| | Committee Treasurer | Candidate (Candidate Committees Only) | |