



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

## Statement of Committee Organization

Office Use:

Missouri Ethics Commission  
AUG 9 2019

1. **Statement Information**

Date: August 6, 2019

Type: ☐ New ☒ Amended (if amending, enter MEC ID C000005 & section changed 2, 3)

2. **Committee Information**

**14th Ward Democratic Organization**

Name of Committee

4959 Sutherland St. Louis Missouri 63109

Committee Mailing Address, City, State, & Zip

(314) 320-6598

Telephone Number

Official Committee Email Address

ST LOUIS CITY

County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☐ Candidate ☒ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. **Treasurer/Deputy Treasurer Information**

**Harry Kennedy**

Treasurer's Name (First & Last)

4959 Sutherland St Louis MO 63109

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

Treasurer's Email Address (optional)

(314) 320-6598

Treasurer's Home Telephone Number

(314) 622-4546

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**

Additional Committee Officer's Name & Title (if any)

**4933 Murdoch 63109**

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

**Amendment**

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)**

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

**not app**

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. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

**Harry Kennedy**

Committee Treasurer

Candidate (Candidate Committees Only)