

C190948

Office **AUG 28 2019** *PA*



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: 08/26/19  
Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Name of Committee: Citizens For Rasheen Aldridge  
Committee Mailing Address, City, State, & Zip: 110 N 17th Apt 504, St. Louis, MO, 63103  
Telephone Number: (314) 704-5007

Official Committee Email Address \_\_\_\_\_ County Clerk or Board of Election Commissioners \_\_\_\_\_  
Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Rasheen Aldridge  
Treasurer's Mailing Address, City, State, & Zip: 110 N 17th Apt 504, St. Louis, Mo  
Treasurer's Home Telephone Number: (314) 704-5007  
Treasurer's Work Telephone Number: ( )  
Deputy Treasurer's Name (if one appointed) \_\_\_\_\_  
Deputy Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_  
Deputy Treasurer's Home Telephone Number \_\_\_\_\_  
Deputy Treasurer's Work Telephone Number \_\_\_\_\_

## 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)  No

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

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

Name & Mailing Address, City, State & Zip of Candidate: 110 N 17th Apt 504, St. Louis, 63103  
Election Date: Nov, 5, 2019  
Office Sought & Political Subdivision: State Rep Dist 7B  
Telephone Number (Candidate Committees Only): (314) 704-5007  
Political Party: Dem  
Support or Oppose: Support

## 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.

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