

A190907



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

Missouri Ethics Commission
Office Use:
NOV 26 2019

Statement of Committee Organization

1. Statement Information

Date: 11/20/2019
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Citizens to Re-Elect Dr. Kevin M. Martin
Name of Committee
2 Dana Drive, Florissant, MO 63033 (630) 709-4652
Committee Mailing Address, City, State, & Zip Telephone Number
St. Louis County Board of Elections
Official Committee Email Address County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Rev. Dr. Doris A. Graham
Treasurer's Name (First & Last)
4415 Fairfield Avenue, Berkley, MO 63134
Treasurer's Mailing Address, City, State, & Zip
Gail A. Harlan
Deputy Treasurer's Name (if one appointed)
12347 Pinta Drive, St. Louis, MO 63138
Deputy Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
(314) 456-8696
Treasurer's Home Telephone Number
()
Treasurer's Work Telephone Number
Deputy Treasurer's Email Address (optional)
(314) 276-8161
Dep. Treasurer's Home Telephone Number
()
Dep. 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)

<u>Kevin M. Martin, 2 Dana Drive, Florissant, MO 63033</u> Name & Mailing Address, City, State & Zip of Candidate	<u>(630) 709-4652</u> Telephone Number (Candidate Committees Only)	<u>()</u>
<u>April 7, 2020</u> Election Date	<u>St. Louis Community College Trustee, Subdistrict #1</u> Office Sought & Political Subdivision	<u>N/A</u> Political Party
		<u>Support</u> 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.
Rev. Dr. Doris A. Graham Committee Treasurer
[Signature] Candidate (Candidate Committees Only)