



Office Use:
 C191079

Statement of Committee Organization

1. Statement Information

Date: 11/29/2019
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Committee to Elect Carolyn McMahon
 Name of Committee
6047 Odell Street Saint Louis, MO 63139 (614) 395-7008
 Committee Mailing Address, City, State, & Zip Telephone Number
[REDACTED] St. Louis City Board of Elections
 Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee
 Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Lorie Cavin [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)
6635 Hoffman Ave Saint Louis, MO 63139 (314) 541-8929
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2
Carolyn McMahon [REDACTED]
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)
6047 Odell Street Saint Louis, MO 63139 (614) 395-7008
 Deputy Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

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)

[REDACTED] [REDACTED] [REDACTED]
 Name & Mailing Address, City, State, & Zip of Financial Institution Account Name Account Number

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

Carolyn McMahon 6047 Odell Street Saint Louis, MO 63139 (614) 395-7008
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2
08/04/2020 Committeewoman/City of Democrat
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose
St. Louis

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.
ELECTRONICALLY FILED Dec 15 2019 10:49 AM ELECTRONICALLY FILED Dec 15 2019 10:49 AM
 Committee Treasurer Candidate (Candidate Committees Only)