



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

Office Use:
FEB 11 2020

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 2/11/2020
Type: [] New [X] Amended (if amending, enter MEC ID C190949 & section changed 2,6)

2. Committee Information

Name of Committee: Citizens For Rasheen Aldridge
Committee Mailing Address, City, State, & Zip: 1408 Wright St, St. Louis, Mo, 63107
Telephone Number: (314) 704-5007
County Clerk or Board of Election Commissioners: St. Louis
Committee Type: [] Campaign [X] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last):
Treasurer's Email Address (optional):
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 Mailing Address, City, State, & Zip:
Dep. Treasurer's Home Telephone Number:
Dep. Treasurer's Work Telephone Number:

AMENDMENT

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)

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)

Name & Mailing Address, City, State & Zip of Candidate: Rasheen Aldridge, 1408 Wright, St. Louis, mo 63107
Telephone Number (Candidate Committees Only): (314) 704-5007
Election Date: 8/4/2020
Office Sought & Political Subdivision: State Rep
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]