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

Missouri Ethics Commission

Office **MAR 02 2020**

Statement of Committee Organization.

1. Statement Information

Date: 02-24-2020

Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Parents for Tiffany Bush

Name of Committee

913 Ford Dr.

(314) 458-0550

Telephone Number

Committee Mailing Address, City, State, & Zip

St. Louis County

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

Mildred Clines

Treasurer's Name (First & Last)

7444 Castro, Ferguson, MO, 63135

Treasurer's Email Address (optional)

(314) 226-6024

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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 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

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)

Tiffany Bush 913 Ford Dr., Ferguson, MO, 63135

(314) 458-0550

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Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

04-07-2020

Ferguson-Florissant School Board

Election Date

Office Sought & Political Subdivision

Political Party

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.

Mildred Clines

Committee Treasurer

Tiffany Bush

Candidate (Candidate Committees Only)