



C201168  
 Missouri Ethics Commission (MEC)  
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Missouri Ethics Commission  
 Office Use:  
 MAR 04 2020

# Statement of Committee Organization

**1. Statement Information**

Date: 2/27/2020  
 Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

**2. Committee Information**

**314 Forward Together**  
 Name of Committee  
1440 Central Avenue St Louis MO 63139  
Name of Committee Address City State & Zip  
(314) 8333145  
Telephone Number  
St Louis City  
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee  
 Official Committee Email Address  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

**Teresa Powers**  
 Treasurer's Name (First & Last)  
1440 Central Avenue St Louis MO 63139  
Treasurer's Mailing Address, City, State, & Zip  
 Treasurer's Email Address (optional)  
(314) 8333145  
Treasurer's Home Telephone Number ( )  
Treasurer's Work Telephone Number  
 Deputy Treasurer's Name (if one appointed)  
 Deputy Treasurer's Email Address (optional)  
( )  
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)**

Name & Mailing Address, City, State & Zip of Candidate  
 Telephone Number (Candidate Committees Only)  
 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.

Teresa D. Powers  
 Committee Treasurer

\_\_\_\_\_  
 Candidate (Candidate Committees Only)