



Statement of Committee Organization

1. Statement Information

Date: 3/18/2020
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Ward 20 for Petty
 Name of Committee
3505 Nebraska Ave., St. Louis, MO 63118 (314) 397-7222
 Committee Mailing Address, City, State, & Zip Telephone Number

St. Louis City Board of Election Commissioners
 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

Mark Davis
 Treasurer's Name (First & Last)
3803 Marine Ave., St. Louis, MO 63118 (314) 724-1261 ()
 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)

Kirsten Petty, 3505 Nebraska Ave., St. Louis, MO 63118 (314) 397-7222 ()
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
8/4/2020 20th Ward Democratic Committeewoman Democratic support
 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.
[Signature] _____ [Signature] _____
 Committee Treasurer Candidate (Candidate Committees Only)