

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

Missouri Ethics Commission Office UMAY 1 1 2020

Statement of Committee Organization

1.	Statement Information Date: May 6, 2020		
	Type: ■ New □ Amended (if amending, enter MEC ID	01314 & section cha	nged)
2.	Committee Information		
	Committee to Elect Dwinderlin Evans		
	4521 Elmbank Ave, 1st Floor, Saint Louis, I	MO 63115	(314)721-2193
		Saint Louis Board	of Elections
	Official Committee Email Address	County Clerk, Board of Election Commissione	rs, or Federal PAC/Out of State Committee
	Committee Type: ■ Campaign ■ Candidate □ Continuing (Pa	AC)	oratory
3,	Treasurer/Deputy Treasurer Information		
	Ashley Clemon		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	PO Box 300155, Saint Louis, MO 63130 Treasurer's Mailing Address, City, State, & Zip	(314) 400-1358 Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's nome relephone Number	rreasurer's work relephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
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	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 Addre	ess, City, State, & Zip
	Connected One similar Alama (If any)	Connected Organization's Mailing Address, C	iby State 9 7in
	Connected Organization's Name (if any)		
5.	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees)	☐ Yes (refer to instructions on b	pack) 🗆 No
٥,	Official Bank Account Information (required by all committees)	·	
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6.	Candidate Supported or Opposed (candidate committees must in Dwinderlin Evans, 4521 Elmbank Ave, 1st Floor, Saint Louis, MO 63115	$_{1}$ 314 $_{1}$ 712-2193	· .
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	Only)
	6/23/2020 Alderman Ward 4	Democrat	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	ittees)	
	■ I affirm and attest under penalty of perjury that information and	d facts in this report are comple	ete, true, and accurate. I
	further acknowledge that I am aware that any false statement or d	~	
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	Committee Treasurer	Candidate (Candidate Committees Only)	1, 10 - WV 02