



Missouri Ethics Commission
 Office Use:
MAY 26 2020

Statement of Committee Organization

1. Statement Information

Date: 5/1/2020
 Type: New Amended (if amending, enter MEC ID A201374 & section changed _____)

2. Committee Information

CITIZENS FOR YOLONDA YOGI YANCIE

Name of Committee
1205 NORTH EUCLID AVE ST. LOUIS, MO. 63113 (314) 753-7859
Committee Mailing Address, City, State, & Zip Telephone Number

Official 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

BERNADETTE WASHINGTON
 Treasurer's Name (First & Last) 1205 NORTH EUCLID AVE ST. LOUIS, MO. 63113
Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
(314) 378-9176 _____
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)

YOLONDA YOGI YANCIE 1205a NORTH EUCLID AVE ST. LOUIS, MO. 63113 (314) 753-7859 _____
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
AUGUST 4, 2020 COMMITTEEWOMAN 18TH WARD 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)

DEMOCRATIC AUGUST 4, 2020 18TH WARD SUPPORT
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.

Bernadette Washington Yolonda Yogi Yancie
Committee Treasurer Candidate (Candidate Committees Only)