



# Statement of Committee Organization

**1. Statement Information**

Date: 05/05/2020  
 Type:  New  Amended (if amending, enter MEC ID C000878 & section changed 2,3,4,5)

**2. Committee Information**

**SIXTH WARD DEMOCRATIC ORGANIZATION**

Name of Committee  
414 N. 23RD STREET, UNIT 313, ST. LOUIS, MO 63103 (618) 334-4691  
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**

**MELISSA KORBA**  
Treasurer's Name (First & Last)  
414 N. 23RD STREET, UNIT 313, ST. LOUIS, MO 63103  
Treasurer's Mailing Address, City, State, & Zip  
**SJ CREEK**  
Deputy Treasurer's Name (if one appointed)  
2607 CALIFORNIA AVE, ST. LOUIS, MO 63118  
Deputy Treasurer's Mailing Address, City, State, & Zip

Treasurer's Home Telephone Number (618) 334-4691 Treasurer's Work Telephone Number ( )  
Dep. Treasurer's Home Telephone Number (314) 295-7875 Dep. Treasurer's Work Telephone Number ( )

**4. Additional Committee Information**

**SJ CREEK, CHAIR**  
Additional Committee Officer's Name & Title (if any) 2607 CALIFORNIA AVE, ST. LOUIS, MO 63118  
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.

Melissa Korba  
Committee Treasurer Candidate (Candidate Committees Only)