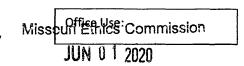


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



1.	Statement Information		
Date: $05/05/2020$ Type: \square New \square Amended (if amending, enter MEC ID \square & section changed \square			2.3.4.5
2.	Type: New Amended (if amending, enter MEC ID COMMITTEE Information	& section cha	nged <u>—, =, , , , =</u>
SIXTH WARD DEMOCRATIC ORGANIZATION			
	A14 N. 23RD STREET, UNIT 313, ST. LOU	IS, MO 63103	618 ₍ 334-4691)
			Telephone Number
	Official Committee Email Address	County Clerk, Board of Election Commissioner	rs, or Federal PAC/Out of State Committee
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P/	AC) 🗆 Debt Service 🗆 Explo	ratory
3.	Treasurer/Deputy Treasurer Information	ting the second second	
	MELISSA KORBA Treasurer's Name (First & Last)	rreasurer's cman Address (optional)	_
	414 N. 23RD STREET, UNIT 313, ST. LOUIS, MO 63103	,618 \334 - 4691	1
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	SJ CREEK		
	Deputy Treasurer's Name (if one appointed)	Deputy measurer's cinal Address (optional)	<u> </u>
	2607 CALIFORNIA AVE, ST. LOUIS, MO 63118	(314)295-7875	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information	100 Per 19	
	SJ CREEK, CHAIR	2607 CALIFORNIA AVE, ST. LOUIS, MO 63118	
	Additional Committee Officer's Name & Title (If any)	Additional Committee Officer's Mailing Addre	sss, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	ty, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on b	oack) 🗆 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 C	Only)
	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
0			
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. further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 R		
	Molisso Korle		
	Committee Treasurer	Candidate (Candidate Committees Only)	