



Office Use:
 C211556

Statement of Committee Organization

1. Statement Information

Date: 01/12/2021
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Citizens for Tina Sweet-T Pihl
 Name of Committee

4384 Gibson Avenue Saint Louis, MO 63110 (314) 301-9868
 Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] St. Louis City Board of Elections
 Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Kaleena Menke [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

1110A S. Boyle Avenue Saint Louis, MO 63110 (314) 328-4833
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

/ [REDACTED]
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)

/ /
 Deputy Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

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)

[REDACTED] [REDACTED] [REDACTED]
 Name & Mailing Address, City, State, & Zip of Financial Institution Account Name Account Number

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Tina Pihl 4384 Gibson Avenue, #E St. Louis, MO, MO 63110 (314) 301-9868
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

03/02/2021 Aldersperson/City of St. Louis Non-Partisan
 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)

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.

ELECTRONICALLY FILED Jan 12 2021 09:36 PM ELECTRONICALLY FILED Jan 12 2021 09:36 PM
 Committee Treasurer Candidate (Candidate Committees Only)