

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

## Statement of Committee Organization

Office Use:	1
C222301	

1.	Statement Information			
	Date: <u>11/22/2022</u>			
	Type: New Amended (if amending, enter MEC ID	& section changed)		
2.	Committee Information			
	Tony Kirchner for St Louis Name of Committee			
	6055 Carlsbad Ave. Saint Louis, MO 63116	(314) 722-1910		
	Committee Mailing Address, City, State, & Zip	Telephone Number		
	[REDACTED] Official Committee Email Address	St. Louis City Board of Elections County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee		
			Exploratory Political Pary	
3.	Treasurer/Deputy Treasurer Information		_	
	Jen Graves	[REDACTED]		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	6055 Carlsbad Avenue Saint Louis, MO 63116	(314) 368-5366	(314) 722-1910	
	Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2	
	Deputy Treasurer's Name (if one appointed)	[REDACTED]  Deputy Treasurer's Email Address (option)	al)	
	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	s, City, State, & Zip	
	ANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back)			
5.	fficial 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	t include self, if candidate)		
	Anthony Kirchner 6055 Carlsbad Avenue Saint Louis, MO 63116	(314) 722-1910		
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2	
	03/07/2023 Alderperson/City of St.	Non-Partisan		
	Election Date Louis 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 comm			
	■affirm and attest under penalty of perjury that information a further acknowledge that I am aware that any false statement of			
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	ELECTRONICALLY FILED Nov 22 2022 11:44 AM	ELECTRONICALLY FILED Nov 22 2022 11:44 AM		