

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:	
C222306	

1.	Statement Information				
	Date: <u>11/28/2022</u>				
	Type: New Amended (if amending, enter MEC ID	& section changed			
2.	Committee Information				
	Sonnier for STL				
	Name of Committee		(0.4.4) 0.00		
	2900 Pestalozzi St Unit 2W Saint Louis, MO 63118 Committee Mailing Address, City, State, & Zip		(314) 390-9022 Telephone Number		
	[REDACTED]	St. Louis City Board of Elections			
	Official Committee Email Address		oners, Federal PAC/Out of State Committee		
	Committee Type: Campaign Candidate Continuir	ng(PAC) Debt Service E	Exploratory Political Pary		
3.	Treasurer/Deputy Treasurer Information				
	Vanessa Carroll	[REDACTED]			
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)			
	2928 Shenandoah Ave Saint Louis, MO 63104 Treasurer's Mailing Address, City, State, & Zip	(314) 258-0650 Phone 1	Phone 2		
		[REDACTED]			
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (options	al)		
	, Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2		
1		Filolie I	Filolie 2		
4.	Additional Committee Information				
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip			
	nnected 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)				
5.					
	[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)			
	Alisha Sonnier 2900 Pestalozzi St Unit 2W Saint Louis, MO	(314) 390-9022			
	63118  Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2		
	03/07/2023 Alderperson/City of St.	Non-Partisan			
	Louis Election Date Office Sought & Political Subdivision		Support of Opposit		
_		Political Party	Support or Oppose		
/.	Ballot Measure Supported or Opposed (campaign committees r	nust complete this section)			
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose		
8.	Signature(s) Check certification(s) & sign (required by all commi	ittees)			
	■affirm and attest under penalty of perjury that information ar		plete, true, and accurate. I		
		irther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.			
	ELECTRONICALLY FILED Nov 28 2022 02:56 PM	ELECTRONICALLY FILED Nov 28 2022 02:56 PM			
	Committee Treasurer	Candidate (Candidate Committees Only)			