



Office Use:  
C232349

# Statement of Committee Organization

## 1. Statement Information

Date: 01/05/2023  
Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Citizens For Ebony M Washington  
Name of Committee  
1024 N 17th Street Saint Louis , MO 63106  
Committee Mailing Address, City, State, & Zip (314) 276-9926  
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  
Committee Type:  Campaign  Candidate  Continuing(PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

Errianna Washington  
Treasurer's Name (First & Last) [REDACTED]  
Treasurer's Email Address (optional)  
1011 N 16th Saint Louis , MO 63106  
Treasurer's Mailing Address, City, State, & Zip (314) 665-5173  
Phone 1 Phone 2  
Kathryn Drennen  
Deputy Treasurer's Name (if one appointed) [REDACTED]  
Deputy Treasurer's Email Address (optional)  
347 Hazel Ave Saint Louis , MO 63119  
Deputy Treasurer's Mailing Address, City, State, & Zip (314) 968-2600  
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]  
Name & Mailing Address, City, State, & Zip of Financial Institution [REDACTED]  
Account Name [REDACTED]  
Account Number

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

Ebony Washington 1024 N 17th Street Saint Louis , MO 63106  
Name & Mailing address, City, State, & Zip of Candidate (314) 276-9926  
Phone 1 Phone 2  
03/07/2023 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 5 2023 05:23 PM ELECTRONICALLY FILED Jan 5 2023 05:23 PM  
Committee Treasurer Candidate (Candidate Committees Only)