



Office Use:
C232367

Statement of Committee Organization

1. Statement Information

Date: 01/18/2023
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Yolanda Brown for Change
Name of Committee
4960 Labadie Ave St Louis, MO 63115 (314) 229-3381
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

Yolanda Brown [REDACTED]
Treasurer's Name (First & Last) Treasurer's Email Address (optional)
4960 Labadie Ave St Louis, MO 63115 (314) 229-3381
Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

Deputy Treasurer's Name (if one appointed) [REDACTED]
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)

Yolanda Brown 4960 Labadie Ave St Louis, MO 63115 (314) 229-3381
Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2
03/07/2023 Aldersperson/City of St. Non-Partisan
Election Date Office Sought & Political Subdivision Political Party Support or Oppose
Louis
Office Sought & Political Subdivision

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 18 2023 12:32 PM ELECTRONICALLY FILED Jan 18 2023 12:32 PM
Committee Treasurer Candidate (Candidate Committees Only)