



Office Use:
A232877

Statement of Committee Organization

1. Statement Information

Date: 02/17/2023
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Friends of Tiffany Mapp Franklin
Name of Committee
801 Chancellor Heights Drive Manchester, MO 63011
Committee Mailing Address, City, State, & Zip (314) 477-5629
Telephone Number
[REDACTED]
Official Committee Email Address St. Louis County 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

Jacob Seigel
Treasurer's Name (First & Last) [REDACTED]
Treasurer's Email Address (optional)
1207 Fieldhurst Drive Ballwin, MO 63011
Treasurer's Mailing Address, City, State, & Zip (314) 440-9857
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]
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)

Tiffany Mapp Franklin 801 Chancellor Heights Drive
Manchester, MO 63011
Name & Mailing address, City, State, & Zip of Candidate (314) 477-5629
Phone 1 Phone 2
04/04/2023
Election Date Boardmember/Parkway C-2
School District
Office Sought & Political Subdivision Non-Partisan
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 Feb 17 2023 01:20 PM
Committee Treasurer ELECTRONICALLY FILED Feb 17 2023 01:20 PM
Candidate (Candidate Committees Only)