



MISSOURI ETHICS COMMISSION STATEMENT OF COMMITTEE ORGANIZATION

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STATEMENT DATE <u>1/22/2009</u>		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE <u>Committee to Elect Antonio French</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>4524 Athlone Ave, 2FL</u> CITY / STATE / ZIP: <u>Saint Louis, MO 63115</u>				5. TELEPHONE NUMBER <u>314-779-9958</u>	
6. TREASURER'S NAME <u>Dr. Jasenka Benac French</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>4524 Athlone Ave, 2FL</u> CITY / STATE / ZIP: <u>Saint Louis, MO 63115</u>				8. TELEPHONE NUMBER HOME: <u>314-520-4504</u> WORK:	
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:				11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <u>Commerce Bank</u> <u>University City, MO 63130</u>					
B. ACCOUNT NAME <u>Committee to Elect Antonio French</u>					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME <u>Antonio French</u>		B. ADDRESS <u>4524 Athlone Ave</u>		C. TELEPHONE NO. <u>314-779-9958</u>	D. POLITICAL PARTY <u>Democrat</u>
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S)		B. ELECTION DATE <u>3-3-09</u>	C. OFFICE SOUGHT <u>alderman</u> <u>Ward 21</u>	D. POLITICAL SUBDIVISION <u>City of St Louis</u>	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Jasenka Benac French</u> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Antonio D. French</u> CANDIDATE'S SIGNATURE		

MISSOURI ETHICS COMMISSION
FEB 03 2009