



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: be

Statement of Committee Organization

1. Statement Information

Date: 2/26/14
 Type: New Amended (if amending, enter MEC ID A141088 & section changed _____)

2. Committee Information

Name of Committee: YES 4 Clayton Committee
 Committee Mailing Address, City, State, & Zip: c/o Gary H. Feder Committee, Treasurer, Suite 600, 190 Carondelet Plaza, Clayton, Mo. 63105
 Telephone Number: (314) 480-1705
 Official Committee Email Address: _____
 County Clerk or Board of Election Commissioners: St. Louis County Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Gary H. Feder
 Treasurer's Mailing Address, City, State, & Zip: Suite 600, 190 Carondelet Plaza, Clayton, Mo. 63105
 Treasurer's Home Telephone Number: (314) 721-1791
 Treasurer's Work Telephone Number: (314) 480-1705
 Deputy Treasurer's Name (if one appointed): Ira M. Berkowitz
 Deputy Treasurer's Mailing Address, City, State, & Zip: 500 N. Skinker Blvd., St. Louis, Mo. 63130
 Deputy Treasurer's Email Address (optional): _____
 Dep. Treasurer's Home Telephone Number: ()
 Dep. Treasurer's Work Telephone Number: (314) 725-9696 x.13

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)

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

Name & Mailing Address, City, State & Zip of Candidate: _____
 Telephone Number (Candidate Committees Only): _____
 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: See attached regarding 4 Ballot measures
 Election Date & Political Subdivision: 4/8/14 - Clayton, Mo.
 Support or Oppose: Support

8. Signature(s) Check certification(s) & sign (required by all committees)

I 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.
 Committee Treasurer: Gary H. Feder
 Candidate (Candidate Committees Only): _____

Missouri Ethics Commission
 MAR 03 2014