



Missouri Ethics Commission
 SEP 02 2014 80

Statement of Committee Organization

1. Statement Information

Date: August 28, 2014
 Type: New Amended (if amending, enter MEC ID C141512 & section changed _____)

2. Committee Information

Enhancing Community PAC
 Name of Committee
77 Westport Plaza, Suite 250, St. Louis, MO 63146 (636) 561-9538
 Telephone Number
St. Louis County Board of Elections
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Joseph A. Gerwitz, Jr.
 Treasurer's Name (First & Last) 77 Westport Plaza, Suite 250, St. Louis, MO 63146
 Treasurer's Mailing Address, City, State, & Zip
Christopher L. Franklin
 Deputy Treasurer's Name (if one appointed) 77 Westport Plaza, Suite 250, St. Louis, MO 63146
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
(636) 561-9538 (636) 561-9538
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Deputy Treasurer's Email Address (optional) _____
(636) 561-9613 (636) 561-9613
 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

NA NA
 Additional Committee Officer's Name & Title (if any) Additional Committee Officer's Mailing Address, City, State, & Zip
Paric Corporation 77 Westport Plaza, Suite 250, St. Louis, MO 63146
 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)

NA () ()
 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)

NA
 Name of Ballot Measure Election Date & Political Subdivision Support or Oppose

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.

Joseph A. Gerwitz, Jr.
 Committee Treasurer

 Candidate (Candidate Committees Only)