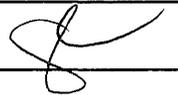




Missouri Ethics Commission (MEC)  
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: 

# Statement of Committee Organization

**1. Statement Information**

Date: 12/18/2015  
 Type:  New  Amended (if amending, enter MEC ID C151236 & section changed \_\_\_\_\_)

**2. Committee Information**

**Democracy 2.0**  
 Name of Committee  
347 Hazel Avenue, St. Louis, MO 63119  
Committee Mailing Address, City, State, & Zip  
(314) 968-2600  
Telephone Number  
St. Louis County  
County Clerk or Board of Election Commissioners  
 Official Committee Email Address  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

**Kathryn Jayne Drennen**  
 Treasurer's Name (First & Last)  
347 Hazel Avenue, St. Louis, MO 63119  
Treasurer's Mailing Address, City, State, & Zip  
 Treasurer's Email Address (optional)  
(314) 610-2613  
Treasurer's Home Telephone Number  
(314) 968-2600  
Treasurer's Work Telephone Number  
 Deputy Treasurer's Name (if one appointed)  
 Deputy Treasurer's Mailing Address, City, State, & Zip  
 Deputy Treasurer's Email Address (optional)  
 Dep. Treasurer's Home Telephone Number  
 Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

**Robin Carnahan,**  
 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)**

se Democracy 2.0 3540083  
 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)**

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  
 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.  
 Committee Treasurer  
 Candidate (Candidate Committees Only)