



Statement of Committee Organization

1. Statement Information

Date: 7-19-2016
 Type: New Amended (if amending, enter MEC ID C1161326 & section changed _____)

2. Committee Information

Name of Committee: Jennifer Florida of St. Louis
 Committee Mailing Address, City, State, & Zip: 3873 Hartford St. St. Louis, MO 63116 Telephone Number: (314) 229 8904

Official Committee Description: St. Louis City Board of Election Commissioners
 County Clerk or 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): Mike Colonna
 Treasurer's Mailing Address, City, State, & Zip: 3927 Hartford, St. Louis, MO 63116 Treasurer's Home Telephone Number: (314) 531-1333 Treasurer's Work Telephone Number: (314) 531-1333
 Deputy Treasurer's Name (if one appointed): NA Deputy Treasurer's Email Address (optional): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: NA Dep. Treasurer's Home Telephone Number: () Dep. Treasurer's Work Telephone Number: ()

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: Jennifer Florida 3873 Hartford St. St. Louis, MO 63116 Telephone Number (Candidate Committees Only): (314) 229 8904
 Election Date: 3-7-17 Office Sought & Political Subdivision: 15th Ward Alderman St. Louis, MO Political Party: Democrat Support or Oppose: support

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: [Signature] Candidate (Candidate Committees Only): Jennifer Florida