



Office Use JUN 06 2016

Statement of Committee Organization

1. Statement Information

Date: 5/20/16

Type: New Amended (if amending, enter MEC ID C161234 & section changed _____)

2. Committee Information

Mobilize Missouri

Name of Committee

2623 Wyoming Street, St. Louis, MO, 63118

Committee Mailing Address, City, State, & Zip

(314) 809-1819

Telephone Number

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

Tom Krenning

Treasurer's Name (First & Last)

2623 Wyoming Street, St. Louis, MO, 63118

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 809-1819

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Amber Thomas

Deputy Treasurer's Name (if one appointed)

1110 Noonling Tree Dr, Chesterfield, MO, 63017

Deputy Treasurer's Mailing Address, City, State, & Zip

(314) 650-4959

Dep. Treasurer's Home Telephone Number

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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

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 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)