



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

Office Use: DD Ge
 Missouri Ethics Commission
 SEP 06 2015

Statement of Committee Organization

1. Statement Information

Date: 8/31/16
 Type: New Amended (if amending, enter MEC ID C15117 & section changed 2)

2. Committee Information

Name of Committee: Citizens for Mary Pat Carl
 Committee Mailing Address, City, State, & Zip: PO Box 771878 St. Louis MO 63177 Telephone Number: (314) 276-7096
 County Clerk or Board of Election Commissioners: City of St. Louis
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Kelly Moyich
 Treasurer's Mailing Address, City, State, & Zip: P.O. Box Treasurer's Home Telephone Number: (314) 276-7096 Treasurer's Work Telephone Number: (314) 622-4268
 Deputy Treasurer's Name (if one appointed): n/a Deputy Treasurer's Email Address (optional): n/a
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____ Dep. Treasurer's Home Telephone Number: _____ Dep. Treasurer's Work Telephone Number: _____

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): AMENDMENT 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: _____ 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): [Signature]