



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

Office Use: *hjb* *g*

# Statement of Committee Organization

**1. Statement Information**

Date: 08/26/2016  
 Type:  New  Amended (if amending, enter MEC ID C161024 & section changed 3)

**2. Committee Information**

**Committee to Elect Jean Evans**  
 Name of Committee  
9180 Garber Rd, St. Louis, MO 63126 (314) 229-0827  
 Committee Mailing Address, City, State, & Zip Telephone Number

St. Louis County  
 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) <u>Sherri Rogers</u>	Treasurer's Email Address (optional) <u>( )</u>
Treasurer's Mailing Address, City, State, & Zip <u>1734 Clarkson Rd, Box 238, Chesterfield, MO 63017</u>	Treasurer's Work Telephone Number <u>( )</u>
Deputy Treasurer's Name (if one appointed) <u>1734 Clarkson Rd, Box 238, Chesterfield, MO 63017</u>	Deputy Treasurer's Email Address (optional) <u>(314) 808-5600</u>
Deputy Treasurer's Mailing Address, City, State, & Zip <u>1734 Clarkson Rd, Box 238, Chesterfield, MO 63017</u>	Dep. Treasurer's Home Telephone Number <u>( )</u>
	Dep. Treasurer's Work Telephone Number <u>( )</u>

**4. Additional Committee Information**

Additional Committee Officer's Name & Title (if any)  
AMENDMENT

Additional Committee Officer's Mailing Address, City, State, & Zip  
AMENDMENT

Connected Organization's Name (if any)  
AMENDMENT

Connected Organization's Mailing Address, City, State, & Zip  
AMENDMENT

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)**

Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
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**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
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**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.

[Signature]  
 Committee Treasurer

[Signature]  
 Candidate (Candidate Committees Only)