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

Statement of Committee Organization

Office Use: BB

1. **Statement Information**

Date: 9/23/2016

Type: ☐ New ☑ Amended (if amending, enter MEC ID C091291 & section changed 2,3,4)

2. **Committee Information**

Democratic Attorneys General Association - Missouri
Name of Committee

600 Washington Avenue Suite 2500, St. Louis, MO 63101 — (313) 622-4075
Committee Mailing Address, City, State, & Zip — Telephone Number

St. Louis City Clerk
County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☐ Candidate ☑ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. **Treasurer/Deputy Treasurer Information**

David Kirby
Treasurer's Name (First & Last)

600 Washington Avenue Suite 2500, St. Louis, MO 63101
Treasurer's Mailing Address, City, State, & Zip

( ) Treasurer's Home Telephone Number

(314) 444-7774
Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

AMENDMENT

Deputy Treasurer's Email Address (optional)

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)

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

Democratic Attorneys General Association, Inc.
Connected Organization's Name (if any)

1875 K Street NW, 4th Floor, Washington, DC 20036
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

Candidate (Candidate Committees Only)

Form must be completed in full & contain original signature(s), fax filings are not accepted.

Missouri Ethics Commission
SEP 26 2016