



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

Office Use: *bb* *de*

Statement of Committee Organization

1. Statement Information

Date: October 1, 2016

Type: ☒ New ☐ Amended (if amending, enter MEC ID C161350 & section changed _____)

2. Committee Information

Sam Dotson for St. Louis

Name of Committee

P.O. Box 190005, St. Louis, MO 63119

Committee Mailing Address, City, State, & Zip

(314) 795-3729

Telephone Number

Official Committee Email Address

St. Louis Board of Election

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Elizabeth Grassi Ward

Treasurer's Name (First & Last)

5853 Sunshine Dr., Apt. 2W, St. Louis, MO 63109

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

(314) 795-3729

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

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

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)

Sam Dotson, P.O. Box 190005, St. Louis, MO 63119

Name & Mailing Address, City, State & Zip of Candidate

(314) 795-3729

Telephone Number (Candidate Committees Only)

March, 2017

Election Date

Mayor of City of St. Louis

Office Sought & Political Subdivision

Democratic

Political Party

Support

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.

Elizabeth Ward
Committee Treasurer

D. Sam Dotson
Candidate (Candidate Committees Only)