



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

Office Use: BB 81
Missouri Ethics Commission

Statement of Committee Organization

AUG 23 2016

1. Statement Information

Date: 8/15/2016
 Type: New Amended (if amending, enter MEC ID C1161324 & section changed _____)

2. Committee Information

Workers United for Health Justice PAC
 Name of Committee
5585 Pershing Ave Ste 230, St Louis, MO 63112
(314) 533-3633
 Telephone Number

St Louis Board of Election Commissioners
 County Clerk or Board of Election Commissioners
 Official Committee Email Address _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Leonard Jones
 Treasurer's Name (First & Last)
4153 Shenandoah Ave, St Louis, MO 63110
 Treasurer's Mailing Address, City, State, & Zip
(314) 865-1253 (314) 368-9821
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Deputy Treasurer's Name (if one appointed) _____
 Deputy Treasurer's Email Address (optional) _____
() ()
 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 _____
 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.

Leonard Jones

 Committee Treasurer

 Candidate (Candidate Committees Only)