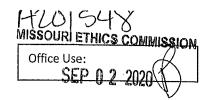


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



HAND DELIVERED

| 1. | Statement Information Date: 8/24/2020 9 3 2 20 | | o del venero |
|----|---|--|--|
| | Type: New Amended (if amending, enter MEC ID | & section changed | |
| 2. | Committee Information CITIZENS TO ELECT GRAY | | |
| | 11845 Rollingsford Black Jack Mo. 63033 Committee Mailling Address, City, State, & Zip | | (314)477-0841 |
| | | St. Louis County | receptione number |
| | Committee Type: Campaign Candidate Continuing (Pa | County Clerk, Board of Election Commissioned AC) | |
| 3. | Treasurer/Deputy Treasurer Information Rochelle Gray | | |
| | Treasurer's Name (First & Last) 11845 Rollingsford, Black Jack Mo. 63033 Treasurer's Mailing Address, City, State, & Zip | Treasurer's Email Address (optional) (314) 477-0841 | () |
| | Rochelle Gray | Treasurer's Home Telephone Number | Treasurer's Work Telephone Number |
| | Deputy Treasurer's Name (if one appointed) | 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 Addre | ess, City, State, & Zip |
| | Connected Organization's Name (if any) | Connected Organization's Mailing Address, Cl | ty, State, & Zip |
| 5. | CANDIDATES: Do you have more than one candidate committee? | ☐ Yes (refer to instructions on b | pack) 🗆 No |
| J. | Official Bank Account Information (required by all committees) | | |
| | 1 | | |
| 6. | Candidate Supported or Opposed (candidate committees must i Rochelle Walton Gray 11845 Rollingsford Black Jack Mo 63033 | nclude self, if candidate) (314 \ 477-0841 | |
| | Name & Malling Address, City, State & Zip of Candidate | Telephone Number (Candidate Committees C | |
| | 8/6/2024 St. Louis County Councilperson Election Date Office Sought & Political Subdivision | Democrat Political Party | Support Support or Oppose |
| 7. | Ballot Measure Supported or Opposed (campaign committees m | ust complete this section) | |
| | Name of Ballot Measure | Election Date & Political Subdivision | Support or Oppose |
| 8. | Signature(s) Check certification(s) & sign (required by all comm | ittees) | |
| (| ■ I affirm and attest under penalty of perjury that information and further acknowledge that I am aware that any false statement or decommittee treasurer | facts in this report are completed and facts in this report are completed and facts are completed and facts and facts are completed and facts are comp | ete, true, and accurate. I shable under Ch. 575 RSMo. |
| | 300-1808 ket (Rev. 10/2019) | / | Page 1 of 3 |