



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

H201548
 MISSOURI ETHICS COMMISSION
 Office Use:
 SEP 02 2020

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 8/24/2020 9-2-20
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

CITIZENS TO ELECT GRAY
 Name of Committee
11845 Rollingsford Black Jack Mo. 63033
 Committee Mailing Address, City, State, & Zip
(314) 477-0841
 Telephone Number
St. Louis County
 County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
 Official Committee Email Address _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

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
Rochelle Gray
 Deputy Treasurer's Name (if one appointed)
 Treasurer's Email Address (optional) _____
(314) 477-0841
 Treasurer's Home Telephone Number
 Treasurer's Work Telephone Number _____
 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)

Rochelle Walton Gray 11845 Rollingsford Black Jack Mo 63033
 Name & Mailing Address, City, State & Zip of Candidate
8/6/2024 St. Louis County Councilperson
 Election Date Office Sought & Political Subdivision
(314) 477-0841 ()
 Telephone Number (Candidate Committees Only)
Democrat Support
 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.

Rochelle Gray Rochelle Gray
 Committee Treasurer Candidate (Candidate Committees Only)