



Office **NOV 23 2020**

# Statement of Committee Organization

## 1. Statement Information

Date: 11/19/20

Type:  New  Amended (if amending, enter MEC ID C201500 & section changed 2)

## 2. Committee Information

**Reed For St Louis**

Name of Committee

PO BOX 771111 St Louis, MO 63177

Committee Mailing Address, City, State, & Zip

(314) 900-2002

Telephone Number

Official Committee Email Address

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

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

## 3. Treasurer/Deputy Treasurer Information

**James Hill**

Treasurer's Name (First & Last)

PO BOX 771111 St Louis, MO 63177

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

Treasurer's Email Address (optional)

(314) 367-1759

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)

**Amendment**

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)

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

## 6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

**Lewis Reed 2925 Russell Blvd St Louis, MO 63104**

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

(314) 399-8569

Telephone Number (Candidate Committees Only)

03/02/2021

Election Date

Mayor/City of St Louis

Office Sought & Political Subdivision

**Democrat**

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.

*James Hill*  
 Committee Treasurer

*James E. Hill*  
 Candidate (Candidate Committees Only)