



Missouri Ethics Commission (MEC)  
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov  
**Statement of Committee Organization**

C180678  
MISSOURI ETHICS COMMISSION

FEB 07 2022

HAND DELIVERED

1. **Statement Information**

Date: 2/7/2022

Type: ☐ New ☒ Amended (if amending, enter MEC ID C180678 & section changed \_\_\_\_\_)

2. **Committee Information**

Name of Committee: Families for Kimberly-Ann Collins

Committee Mailing Address, City, State, & Zip: 4217 Clay Avenue

Telephone Number: (314) 349-8043

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**

Treasurer's Name (First & Last): \_\_\_\_\_

Treasurer's Email Address (optional): \_\_\_\_\_

Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_

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 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)**

Name & Mailing Address, City, State & Zip of Candidate: \_\_\_\_\_

Telephone Number (Candidate Committees Only): \_\_\_\_\_

Election Date: 8/2/2022

Office Sought & Political Subdivision: State Rep, 77

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.

Committee Treasurer: Kimberly-Ann Collins

Candidate (Candidate Committees Only): Kimberly-Ann Collins