



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

MO Ethics Commission
 Office Use:
JUN 17 2022
 Rec'd by email

1. Statement Information

Date: 6/16/2022
 Type: New Amended (if amending, enter MEC ID C141580 & section changed 2 and 6)

2. Committee Information

Coatar for St. Louis
 Name of Committee
1728 S. Broadway, St. Louis, MO 63104 (314) 827-5884
 Committee Mailing Address, City, State, & Zip Telephone Number
St. Louis City Board of Election Commissioners
 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

Amendment

4. Additional Committee Officers

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. Candidates Supported or Opposed (candidate committees must include self, if candidate)

John (Jack) Coatar, 2404 S. 11th Street, St. Louis, MO 63104 (314) 827-5884
 Name & Mailing Address, City, State, & Zip of Candidate Telephone Number (Candidate Committees Only)
 9/13/2022 Special Primary Democrat Support
 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), Date, and Position(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.

[Signature] [Signature]
 Committee Treasurer Candidate (Candidate Committees Only)