

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

Statement of Committee Organization

Missouri Ethics Commission			
Office Use: JUL 1 4 2022			
Received by e-ma	ļi		

1.	Statement Information Date: 07/13/2022				
	Type: New Amended (If amending, enter MECID C180057 & section changed 6				
CITIZENS FOR LAKEYSHA BOSLEY					
	Name of Committee 1428 SALISBURY ST		(314)243-9928		
	Committee Mailing Address, City, State, & Zip		Telephane Number		
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (ners, or Federal PAC/Out of State Committee		
,	Treasurer/Deputy Treasurer Information				
Ashley Clemon					
	Treasurer & Name (First & Last)	Treasurer's Email Address (optional)			
	561 KINGSLAND AVE, PO BOX 300155, SAINT LOUIS, MO 6313	(314) 328-4341	7		
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephane Number	Treasurer's Work Telephone Number		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (options	al)		
	Dequity Treasurer's Mailing Address, City, State, & 边p	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number		
4.	Additional Committee Information	等的是一种的。 1			
	Additional Committee Officer's Name & Title (if any) Connected Organization's Name (if any)	Additional Committee Officer's Mailing A	ddress, City, State, & Zip		
	Connected Organization's Name (if any)	Connected Organization's Mailing Address	is, City, State, & Zig		
	CANDIDATES: Do you have more than one candidate committe		on back) 🔲 No		
5.	Official Bank Account Information (required by all committee				
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number		
6.	Candidate Supported or Opposed (candidate committees mu	st include self, if candidate)	党的 图 标题 正常现代		
	LAKEYSHA BOSEY 1428 SALISBURY ST, SAINT LOUIS, MO 63107	()			
	Name & Mailing Address, City, State & Zip of Candidate DIST 79	Telephone Number (Candidate Committ	tees Only)		
	AUGUST 2, 2022 STATE REPRESENTATIVE	DEMOCRAT			
_	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose		
7	Ballot Measure Supported or Opposed (campaign committee	s must complete this section)			
	Name of Gallot Measure	Election Date & Political Subdivision	Support of Oppose		
8	Signature(s) - Check certification(s) & sign (required by all co	mmittēes)	The state of the state of		
	A laffirm 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 hereit is	ourishable under Ch. 575 RSMo.		
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	Committee Treasurer	Candidate Candidate Seath Itters Ca			

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