

C222308



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 Used **DEC 15 2022**

Rec'd by email

1. **Statement Information**

Date: **12-14-22**

Type: ☐ New ☒ Amended (if amending, enter MEC ID **C222308** & section changed **2 & 3**)

2. **Committee Information**

**Friends of Tashara T. Earl**

Name of Committee

**1253 Baden Ave. Saint Louis, MO 63147**

Committee Mailing Address, City, State, & Zip

**(314) 884-8753**

Telephone Number

**St. Louis City Board of Elections**

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**

**Kimberly-Ann Collins**

Treasurer's Name (First & Last)

**4234 E. Lexington Ave. Saint Louis**

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

**63115**

Treasurer's Email Address (optional)

**(314) 349-8042**

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

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) - 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.

*Kimberly-Ann Collins*

Committee Treasurer

*[Signature]*

Candidate (Candidate Committees Only)