MO Ethics Commission

JAN 6 2023

A232700

Rec'd by email

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

Statement of Committee Organization

Office Use:

1. Statement Information

Date: 1/5/23

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

2. Committee Information

REDMON AND FRIENDS
Name of Committee

3115 PARK AVE SAINT LOUIS MO 63104 (314) 6160188
Telephone Number

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

Cedric REDMON
Treasurer's Name (First & Last)

3023 Iowa St SAINT LOUIS MO 63118
Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 6160188
Treasurer's Home Telephone Number

(314) 6160188
Treasurer's Work Telephone Number

N/A
Deputy Treasurer's Name (if one appointed)

N/A
Deputy Treasurer's Email Address (optional)

N/A
Deputy Treasurer's Mailing Address, City, State, & Zip

( ) _____
Dep. Treasurer's Home Telephone Number

( ) _____
Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

N/A
Additional Committee Officer's Name & Title (if any)

N/A
Additional Committee Officer's Mailing Address, City, State, & Zip

N/A
Connected Organization's Name (if any)

N/A
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)

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

Cedric Redmon 3023 Iowa St SAINT LOUIS MO 63118
Name & Mailing Address, City, State & Zip of Candidate

(314) 6160188 ( )
Telephone Number (Candidate Committees Only)

3/7/23 4/4/23
Election Date

Alderman
Office Sought & Political Subdivision

NON PARTISAN
Political Party

SUPPORT
Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

N/A
Name of Ballot Measure

N/A
Election Date & Political Subdivision

N/A
Support or Oppose

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

Candidate (Candidate Committees Only)

300-1308
et (Rev. 1/2021)