

C232383



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

MO State Commission  
JAN 27 2023

### Statement of Committee Organization

Rec'd by email

**1. Statement Information**

Date: 01/26/2023  
Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

**2. Committee Information**

Name of Committee: Collins-Bey 4th The New 12th Ward  
Committee Mailing Address, City, State, & Zip: 5492 QUEENS AVE 28 63115  
Telephone Number: (314) 637-8032

Official Committee: \_\_\_\_\_ 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): DARCON M COLLINS-BEY  
Treasurer's Mailing Address, City, State, & Zip: 5492 QUEENS AVE, 28 ST LOUIS MO 63115  
Treasurer's Email Address (optional): \_\_\_\_\_  
Treasurer's Home Telephone Number: (314) 637-8032  
Treasurer's Work Telephone Number: \_\_\_\_\_  
Deputy Treasurer's Name (if one appointed): N/A  
Deputy Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_  
Deputy Treasurer's Email Address (optional): \_\_\_\_\_  
Dep. Treasurer's Home Telephone Number: \_\_\_\_\_  
Dep. Treasurer's Work Telephone Number: \_\_\_\_\_

**4. Additional Committee Information**

Additional Committee Officer's Name & Title (if any): N/A  
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: \_\_\_\_\_ Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Name & Mailing Address, City, State & Zip of Candidate: SELF  
Election Date: MARCH 7<sup>TH</sup> 2023  
Office Sought & Political Subdivision: 12<sup>TH</sup> WARD ALDERMAN  
Telephone Number (Candidate Committees Only): (314) 637-8032  
Political Party: DEMOCRAT  
Support or Oppose: SUPPORT

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

Name of Ballot Measure: 12<sup>TH</sup> WARD ALDERMANIC ELECTION  
Election Date & Political Subdivision: MARCH 7, 2023, 12<sup>TH</sup> WARD  
Support or Oppose: SUPPORT

**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.  
[Signature] Treasurer  
[Signature] Candidate (Candidate Committees Only)