

A201599



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:
JAN 23 2024
Received by e-mail

1. Statement Information

Date: 01/22/2024
Type: New [X] Amended (if amending, enter MEC ID A201599 & section changed)

2. Committee Information

Citizens to Elect Phedra Nelson
Name of Committee
914 Cheri Heights CT St. Louis, MO 63135 (314) 303-7579
Telephone Number
St. Louis County
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Committee Type: [X] Campaign [] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Linda Nelson
Treasurer's Name (First & Last)
914 Cheri Heights Ct St.Louis,MO 63135
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
(314) 330-5680
Treasurer's Home Telephone Number
Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed)
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) [X] No

5. Official Bank Account Information (required by all committees)

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

Phedra Nelson 914 Cheri Heights Ct St. Louis, Mo 63135 (314) 303-7579
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
April 2, 2024 City Council Person
Election Date Office Sought & Political Subdivision Political Party Support or Oppose

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

n/a
Name of Ballot Measure Election Date & Political Subdivision Support or Oppose

8. Signature(s) - Check certification(s) & sign (required by all committees)

[X] 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.
Linda L. Nelson Committee Treasurer
Phedra L. Nelson Candidate (Candidate Committees Only)