

C243232



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:
DEC 12 2024

Received by Mail

1. Statement Information

Date: 12/10/2024

Type: [X] New [] Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

CITIZENS TO ELECT GRAY

Name of Committee

11845 Rollingsford, Black Jack Mo. 63033

(314) 477-0841

Committee Mailing Address, City, State, & Zip

Telephone Number

St. Louis

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: [] Campaign [X] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Rochelle Gray

Treasurer's Name (First & Last)

11845 Rollingsford, Black Jack Mo. 63033

Treasurer's Email Address (optional)

(314) 477-0841

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

Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

n/a

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) [X] No

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

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

Rochelle Gray 11845 Rollingsford, 63033

(314) 477-0841

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

04/08/2025

Councilmember, City of Black Jack

Demo

support

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.

Signature of Rochelle Gray, 12/10/24, Committee Treasurer

Signature of Rochelle Gray, 12/10/24, Candidate (Candidate Committees Only)