



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C051222

OFFICE USE ONLY

[Handwritten initials]

STATEMENT DATE		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE <u>Citizens to Elect Jamilah Nasheed</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>4710 Lee Apt 2</u> CITY / STATE / ZIP: <u>ST LOUIS, MO 63115</u>				5. TELEPHONE NUMBER <u>(314) 409-5730</u>	
6. TREASURER'S NAME <u>Rita Williams</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>4710 Lee Apt 2</u> CITY / STATE / ZIP: <u>ST LOUIS, MO 63115</u>				8. TELEPHONE NUMBER HOME: <u>(314) 448-8459</u> WORK:	
9. DEPUTY TREASURER'S NAME <u>Jamilah Nasheed</u> <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: <u>4710 Lee Apt 1</u> CITY / STATE / ZIP: <u>ST LOUIS, MO 63115</u>				11. TELEPHONE NUMBER HOME: <u>(314) 409-5730</u> WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
AMENDMENT					
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <u>Gateway Bank</u> <u>3412 N. UNION</u> <u>ST LOUIS, MO 63115</u>					
B. ACCOUNT NAME <u>Jamilah Nasheed</u> <u>Citizens to Elect Nasheed</u>					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME <u>Jamilah Nasheed</u> B. ADDRESS <u>4710 Lee Apt 1 ^{STL} 63115</u> C. TELEPHONE NO. <u>(314) 409-5730</u> D. POLITICAL PARTY <u>DEM</u>					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) <u>Jamilah Nasheed</u> B. ELECTION DATE <u>8/3/2010</u> C. OFFICE SOUGHT <u>state Rep</u> D. POLITICAL SUBDIVISION <u>60</u> CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>					
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Rita Williams</u> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Jamilah Nasheed</u> CANDIDATE'S SIGNATURE		

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MAR 25 2009