



Statement of Committee Organization

1. Statement Information

Date: 10/20/2012
 Type: New Amended (if amending, enter MEC ID C061656 & section changed _____)

2. Committee Information

Committee to Elect Reed

Name of Committee
P.O. Box 78592 (314) 222-7337
Committee Mailing Address, City, State, & Zip Telephone Number

Official Committee Email Address
St. Louis City Board of Elections
County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Debt Service Exploratory Political Action (PAC) Political Party

3. Treasurer/Deputy Treasurer Information

Erin M. Zielinski

Treasurer's Name (First & Last) 4605 McCausland, St. Louis, MO 63109
Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) (314) 853-5613 (314) 842-5222
Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed) _____
 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 (Name) AMENDMENT
 Connected Organization's Mailing Address, City, State, & Zip _____
 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 & Mailing Address, City, State, & Zip of Financial Institution _____ Account Name _____ Account Number _____

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

Lewis Reed, 2925 Russell, St. Louis, MO 63104 (314) 499-3178 _____
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
March 5, 2013 Mayor, St. Louis City Democrat Support
Election Date Office Sought & Political Subdivision Political Party Support or Oppose

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

Name of Ballot Measure _____ Election Date & Political Subdivision _____ Support or Oppose _____

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

I/We certify that this statement is complete, true and accurate.
 e- Filers: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.

[Signature] [Signature]
Committee Treasurer Candidate (Candidate Committees Only)