



Office Use: MB PL

Statement of Committee Organization

1. Statement Information

Date: 01/23/2013
 Type: New Amended (if amending, enter MEC ID COS1222 & section changed 6)

2. Committee Information

Name of Committee: Citizens To Elect Jamilah Nasheed
 Committee Mailing Address, City, State, & Zip: 4710 Lee Apt 1, St. Louis, MO 63115 Telephone Number: (314) 409-5730

Official Committee Email Address _____ County Clerk or Board of Election Commissioners _____

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Rita Williams Treasurer's Email Address (optional) _____
 Treasurer's Mailing Address, City, State, & Zip: 4710 Lee Apt 2 St. Louis MO 63115 Treasurer's Home Telephone Number: (314) 448-8459 Treasurer's Work Telephone Number: _____
 Deputy Treasurer's Name (if one appointed): Jamilah Nasheed Deputy Treasurer's Email Address (optional) _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: 4710 Lee St. Apt 1 St. Louis, MO 63115 Dep. Treasurer's Home Telephone Number: (314) 409-5730 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) 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)

Name & Mailing Address, City, State & Zip of Candidate _____ Telephone Number (Candidate Committees Only) _____
 Election Date: Aug. 2, 2016 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 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.

Rita Williams Committee Treasurer MISSOURI ETHICS COMMISSION Jamilah Nasheed Candidate (Candidate Committees Only)

HAND DELIVERED