



Statement of Committee Organization

1. Statement Information

Date: 4/23/13
Type: [] New [X] Amended (if amending, enter MEC ID C061656 & section changed 2)

2. Committee Information

Committee to Elect Reed-Debt Service

Name of Committee: P.O. Box 78592, St. Louis, MO 63178
Telephone Number: 314-222-7337 (with handwritten 499 3178)

St. Louis City Board of Elections

Official Committee Email Address:
County Clerk or Board of Election Commissioners:
Committee Type: [] Campaign [] Candidate [] Continuing (PAC) [X] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Erin M. Zielinski
Treasurer's Name (First & Last): 4605 McCausland, St. Louis, MO 63109
Treasurer's Email Address (optional):
Treasurer's Home Telephone Number: 314 853-5613
Treasurer's Work Telephone Number: 314 842-5222

Deputy Treasurer's Name (if one appointed):
Deputy Treasurer's Email Address (optional):
Deputy Treasurer's Home Telephone Number:
Deputy 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:

AMENDMENT

CANDIDATES: Do you have more than one candidate committee? [X] 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 STL, MO 63104
Election Date: 3/4/2013
Office Sought & Political Subdivision: Mayor, City of St. Lo
Telephone Number (Candidate Committees Only): 314 499-3178
Political Party: Democrat
Support or Oppose: Support

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)

[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.

[Handwritten signatures]
Committee Treasurer:
Candidate (Candidate Committees Only):