



Statement of Committee Organization

1. Statement Information

Date: 4/23/13

Type: ☒ New ☐ Amended (if amending, enter MEC ID C131066 & section changed _____)

2. Committee Information

Committee to Elect Reed-~~REED~~

Name of Committee

P.O. Box 78592, St. Louis, MO 63178

Committee Mailing Address, City, State, & Zip

Telephone Number
314 222-1337
314-487-3178

St. Louis City Board of Elections

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

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

Treasurer's Home Telephone Number

314 842-5222

Treasurer's Work Telephone Number

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) ☒ No

5. Official Bank Account Information (required for 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

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

314 499-3178

Telephone Number (Candidate Committees Only)

3/4/2013

President of BOA

Democrat

Support

3-3-15

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 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.

Committee Treasurer

Candidate (Candidate Committees Only)