



Office Use: BBJ

# Statement of Committee Organization

## 1. Statement Information

Date: May 04, 2015  
 Type:  New  Amended (if amending, enter MEC ID CO51222 & section changed 2)

## 2. Committee Information

Citizens to Elect Jamilah Nasheed  
 Name of Committee  
4032 Olive Street, St. Louis, MO 63108  
 Committee Mailing Address, City, State, & Zip (314) 409-5730  
 Telephone Number

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

Rita Williams  
 Treasurer's Name (First & Last) 4710 Lee Apt 1 St. Louis, MO 63115  
 Treasurer's Mailing Address, City, State, & Zip (314) 448-8459  
 Treasurer's Home Telephone Number Jamilah Nasheed  
 Deputy Treasurer's Name (if one appointed) 4032 Olive St., St. Louis, MO 63108  
 Deputy Treasurer's Mailing Address, City, State, & Zip (314) 409-5730  
 Dep. Treasurer's Home Telephone Number \_\_\_\_\_  
 Dep. Treasurer's Work Telephone Number \_\_\_\_\_

## 4. Additional Committee Information

**AMENDMENT**  
 Additional Committee Officers 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)

4032 Olive St St. Louis MO 63108  
 Name & Mailing Address, City, State & Zip of Candidate ( )  
 Telephone Number (Candidate Committees Only) ( )  
 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.  
Rita Williams \_\_\_\_\_ Jamilah Nasheed \_\_\_\_\_  
 Committee Treasurer Candidate (Candidate Committees Only)