



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

Amendment

Missouri Ethics Commission
OFFICE USE ONLY

JUL 20 2015
jrb

MEC ID # C141580

STATEMENT DATE 04/22/2015		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 9, 10, 11, 14, 18	
3. FULL NAME OF COMMITTEE Coatar for St. Louis					
4. COMMITTEE MAILING ADDRESS ADDRESS: 1728 South Broadway CITY / STATE / ZIP: St. Louis, MO 63104				5. TELEPHONE NUMBER (314) 827-5884	
6. TREASURER'S NAME Megan Shackelford					
7. TREASURER'S MAILING ADDRESS ADDRESS: 5229 Elizabeth Avenue CITY / STATE / ZIP: St. Louis, MO 63110				8. TELEPHONE NUMBER HOME: (573) 301-5806 WORK: (573) 827-5884	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Kathryn Jayne Drennen					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 347 Hazel Avenue CITY / STATE / ZIP: St. Louis, MO 63119				11. TELEPHONE NUMBER HOME: (314) 610-2613 WORK: (314) 968-2600	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO.					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> POLITICAL ACTION (PAC) <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) POLITICAL PARTY					
A. NAME John (Jack) Coatar		B. ADDRESS 1728 South Broadway, St. Louis 63101		C. TELEPHONE NO. (314) 827-5884	D. PARTY Democrat
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED CHECK ONE					
A. NAME(S) OF CANDIDATE(S) John (Jack) Coatar		B. ELECTION DATE 3/7/2017	C. OFFICE SOUGHT 7th Ward Alderman, St Louis City	D. POLITICAL SUBDIVISION Democrat	E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED CHECK ONE					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	E. SUPPORT <input type="checkbox"/>	F. OPPOSE <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE	