



Office Use: *[Signature]*

Statement of Committee Organization

1. Statement Information

Date: 02/10-2016
 Type: New Amended (if amending, enter MEC ID C161053 & section changed _____)

2. Committee Information

Name of Committee: Friends of Jesse Todd
 Address: 4250 Enright Ave, St. Louis, MO 63108 Telephone Number: (314) 531-4940
 Official Committee Email Address: _____
 County Clerk or Board of Election Commissioners: St. Louis City Board of Election
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Judith Todd
 Treasurer's Mailing Address, City, State, & Zip: 4250 Enright Ave St. Louis, MO 63108 Treasurer's Home Telephone Number: (314) 531-4940 Treasurer's Work Telephone Number: () NA
 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 by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: Jesse Todd, 4250 Enright, St. Louis, MO 63108 Telephone Number (Candidate Committees Only): (314) 531-4940
 Election Date: 08-02-2016 Office Sought & Political Subdivision: St. Louis City State Representative 77th Dist. BB 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)

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: Judith Todd Candidate (Candidate Committees Only): Jesse Todd