



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Missouri Ethics Commission

DEC 07 2016

Statement of Committee Organization

1. Statement Information

Date: 11/29/16

Type: New Amended (if amending, enter MEC ID C161400 & section changed _____)

2. Committee Information

Committee To Elect Laura Keys

Name of Committee

4541 Athlone St. Louis Mo 63115

Committee Mailing Address City, State, & Zip

(314) 7573618

Telephone Number

General Committee Email Address

St. Louis Board of election commissioners

County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

James Keys

Treasurer's Name (First & Last)

4541 Athlone St. Louis MO 63115

Treasurer's Mailing Address, City, State, & Zip

(314) 3824627

Treasurer's Home Telephone Number

(314) 7573618

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

n/a

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)

Laura Keys 4541 Athlone St. Louis Mo 63115

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

(314) 4410375

Telephone Number (Candidate Committees Only)

3/7/17

Election Date

21st Ward Alderman

Office Sought & Political Subdivision

Democrat

Political Party

support

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

n/a

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.

James Keys
 Committee Treasurer

Laura Keys
 Candidate (Candidate Committees Only)