



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

Office Use: **JAN 06 2017**

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 1-5-2017

Type: New Amended (if amending, enter MEC ID C051222 & section changed 6)

2. Committee Information

Name of Committee: Citizens to Elect Jamilah Nasheed

Committee Mailing Address, City, State, & Zip: 4032 Olive ST Louis MO 63108 Telephone Number: (314) 409-5730

Official Committee Email Address: _____
 County Clerk for Board of Election Commissioners: CITY OF ST. LOUIS

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): _____ Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: _____ Treasurer's Home Telephone Number: _____ 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: _____

Amendment

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)

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)

Name & Mailing Address, City, State & Zip of Candidate: 4032 Olive ST Louis MO 63108 Telephone Number (Candidate Committees Only): (314) 409-5730
 Election Date: 8-6-2024 Office Sought & Political Subdivision: Statewide Political Party: Dem 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: Jamilah Nasheed

Candidate (Candidate Committees Only): Jamilah Nasheed