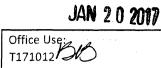


Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



Statement Information Date: 01/06/2017		e dalle depend o colorer e construir de la latera de la la La latera de la latera de latera de la latera della latera dell
Type: New Amended (if amending, enter MEC ID		changed
Committee Information		
JOHN COLLINS-MUHAMMAD FOR ST. LOUIS		
Name of Committee 4045 SHREVE AVENUE 1ST FLOOR SAINT LOUIS, MO 63115 Committee Mailing Address, City, State, & Zip	₽	(314) 339-8683 Telephone Number
Committee Manink Address, City, State, & Zip	St. Louis City Board of Ele	
Committee Type: Campaign Candidate Conti	County Clerk or Board of Election Comr	
Treasurer/Deputy Treasurer Information	and the second s	entere en
ADRIAN KELLY		
Treasurer's Name (First & Last) 4045 SHREVE AVENUE 1ST FLOOR SAINT LOUIS, MO 63115	(314) 339-8683	
Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2
John Collins-Muhammad Deputy Treasurer's Name (if one appointed)		
4045 SHREVE AVENUE, 1ST FLOOR 4045 SHREVE AVENUE,	(314) 339-9302	
1ST FLOOR SAINT LOUIS, MO 63115 Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2
Additional Committee Information		·
Connected Organization's Name (if any) CANDIDATES: Do you have more than one candidate committ	Connected Organization's Mailing Address, City, State, & Zip ee? Yes (refer to instructions on back) No	
Official Bank Account Information (required by all committe		INS OIT DACK)
	<u> </u>	e e e
Candidate Supported or Opposed (candidate committees mu		(04.4) 220.000
John Collins Muhammad 4045 SHREVE AVENUE 1ST FLOOR SAINT LOUIS, MO 63115	(314) 339-9302	(314) 339-8683
Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2
03/07/2023 Alderperson/City of St. Louis	Democrat	
lection Date Office Sought & Political Subdivision	Political Party	Support or Oppose
Ballot Measure Supported or Opposed (campaign committee	es must complete this section)	
ame of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
ignature(s) Check certification(s) & sign (required by all com	imittees)	
■affirm and attest under penalty of perjury that information	and facts in this report are com	
urther acknowledge that Jam aware that any false statemen	t or declaration made herein is to	
Committee Teasurer	Candidate (Candidate Committees Only)	2- 1 Walland
	1 7	