



Statement of Committee Organization

1. Statement Information

Date: 4/11/17
 Type: New Amended (if amending, enter MEC ID C131040 & section changed 3+6)

2. Committee Information

Name of Committee: Citizens To Elect Sharon Tyus
 Committee Mailing Address, City, State, & Zip: 4968 Maffitt Place, St. Louis, MO 63113 Telephone Number: (314) 367-2374
 Official Committee Email Address: _____
 County Clerk or Board of Election Commissioners: St. Louis City Board of Elections
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Sterling S. Miller Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: 4968 Maffitt Place St. Louis, MO 63113 Treasurer's Home Telephone Number: (314) 973-2387 Treasurer's Work Telephone Number: _____
 Deputy Treasurer's Name (if one appointed): Sharon Tyus
 Deputy Treasurer's Mailing Address, City, State, & Zip: 4968 Maffitt Place Dep. Treasurer's Home Telephone Number: (314) 367-2374 Dep. Treasurer's Work Telephone Number: _____

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): N/A Additional Committee Officer's Mailing Address, City, State, & Zip: N/A
 Connected Organization's Name (if any): AMENDMENT Connected Organization's Mailing Address, City, State, & Zip: N/A

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: Sharon Tyus 4968 Maffitt Place St. Louis MO 63113 Telephone Number (Candidate Committees Only): (314) 367-2374
 Election Date: March 2, 2021 Office Sought & Political Subdivision: Aldecuman 1st Ward Political Party: Democrat Support or Oppose: Support

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

Name of Ballot Measure: N/A Election Date & Political Subdivision: N/A Support or Oppose: N/A

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: [Signature] Candidate (Candidate Committees Only): [Signature]