



# Missouri Ethics Commission (MEC)

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

## Statement of Committee Organization

Missouri Ethics Commission  
Office Use:  
MAY 05 2017

### 1. Statement Information

Date: 4/20/17

Type: ☐ New ☒ Amended (if amending, enter MEC ID C131066 & section changed 2, 6)

### 2. Committee Information

#### Committee to Elect Reed

Name of Committee

2925 Russell Blvd. St Louis MO 63104

Committee Mailing Address, City, State, & Zip

(314) 399-8569

Telephone Number

St Louis City Board of Elections

County Clerk or Board of Election Commissioners

Official Committee Email Address

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

### 3. Treasurer/Deputy Treasurer Information

Erin Zielinski

Treasurer's Name (First & Last)

4605 McCausland, St Louis Mo 63109

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

Treasurer's Email Address (optional)

(314) 853-5613

Treasurer's Home Telephone Number

(314) 862-1300

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

Additional Committee Officer's Name & Title (if any)

**AMENDMENT**

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)

Lewis Reed, 2925 Russell Blvd. St Louis Mo 63104

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

(314) 900-2002

Telephone Number (Candidate Committees Only)

(314) 399-8569

03-05-2019

Election Date

Aldermanic President

Office Sought & Political Subdivision

Democrat

Political Party

Support

Support or Oppose

### 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

Candidate (Candidate Committees Only)