



MAY 11 2017

fb

Statement of Committee Organization

Statement Information

Date: 04/13/2017

Type: New Amended (if amending, enter MEC ID C141580 & section changed _____)

1. Committee Information

Coatar for St Louis

Name of Committee

1728 South Broadway, St Louis, MO 63104

Committee Mailing Address, City, State, & Zip

(314) 827-5884

Telephone Number

St Louis City

County Clerk or Board of Election Commissioners

Committee Email Address

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

3. Treasurer/Deputy Treasurer Information

Megan Shackelford

Treasurer's Name (First & Last)

5228 Elizabeth Avenue, St Louis, MO 63110

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

Treasurer's Email Address (optional)

(573) 301-5806

Treasurer's Home Telephone Number

(314) 827-5884

Treasurer's Work Telephone Number

Kathryn Jayne Drennen

Deputy Treasurer's Name (if one appointed)

347 Hazel Avenue, St Louis, MO 63119

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

Deputy Treasurer's Email Address (optional)

(314) 968-2600

Dep. Treasurer's Home Telephone Number

(314) 610-2613

Dep. Treasurer's Work Telephone Number

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

AMENDMENT

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)

John (Jack) Coatar 1728 South Broadway, St Louis, MO 63104

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

(314) 827-5884

Telephone Number (Candidate Committees Only)

March 3, 2021 Alderperson

Election Date Office Sought & Political Subdivision

Democrat

Political Party

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.

Megan Shackelford
 Committee Treasurer

John Coatar
 Candidate (Candidate Committees Only)