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Statement of Committee Organization

1. Statement Information

Date: 6-19-17

Type: New Amended (if amending, enter MEC ID C171031 & section changed Info)

2. Committee Information

Name of Committee: John Collins - Muhammad For St. Louis

Committee Mailing Address, City, State, & Zip: 4416 Holly Avenue, 1st Floor, St. Louis Mo. 63115
 Telephone Number: (314) 339-8683

Official Committee Email Address: _____

St Louis Board of Elections
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): _____
 Treasurer's Mailing Address, City, State, & Zip: 4416 Holly Ave, 1st Floor St Louis Mo 63115

Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: () _____
 Treasurer's Work Telephone Number: () _____

Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: 4416 Holly Ave 1st Floor St Louis MO 63115

Deputy Treasurer's Email Address (optional): _____
 Dep. Treasurer's Home Telephone Number: () _____
 Dep. Treasurer's Work Telephone Number: () _____

*OK'd by Max 6/20/17
 And date 6-30-17
 JP*

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)

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: 4416 Holly Ave 1st Floor St Louis Mo 63115
 Telephone Number (Candidate Committees Only): () _____
 Election Date: 3-2-2021 Office Sought & Political Subdivision: _____ 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.

[Handwritten signature]
 Committee Treasurer

[Handwritten signature]
 Candidate (Candidate Committees Only)