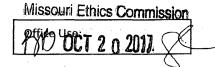


Missouri Ethics Commission (MEC)

OCT 3 0 2017

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



Statement of Committee Organization

1.	Statement Information		*	CALL ST
	Date: 10/16/2017	71021		Tropouror
	Type: \square New \blacksquare Amended (if amending, enter MEC ID $\frac{\text{C1}}{}$	/ 1031	& section ch	nanged Treasurer)
2. Committee Information JOHN COLLINS-MUHAMMAD FOR ST. LOUIS **Name of Committee*				
	4416 Holly Avenue, 1st Floor, St. Louis M	10. 63115		(314) 339-8683
		St. Louis (City Board of Ele	ections Commissioners
	Official Committee Email Address	County Clerk or B	loard of Election Commissi	oners
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party			
3.	Treasurer/Deputy Treasurer Information			
	John Collins-Muhammad			
	Treasurer's Name (First & Last) 4416 Holly Avenue, 1st Floor, St. Louis MO. 63115	.31/L. 33	MULESS (OPERIOR)	
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home	Telephone Number	Treasurer's Work Telephone Number
Ä	Timothy Anderson-El			
ų	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer	s cmail Address (optional)	
	4416 Holly Avenue, 1st Floor, St. Louis MO. 63115 Deputy Treasurer's Mailing Address, City, State, & Zip	(314)26	107-8/06 Home Telephone Number	Dep. Treasurer's Work Telephone Number
		Dep. Treasurer 5 I	Tome relephone Number	Dep. Treasurer's Work relephone Number
4.	Additional Committee Information			
	Additional@omffittee*Officer*s Namer& Tittle.(if any)	Additional Committee Officer's Mailing Address, City, State, & Zip		
	Connected Organization's Name (if affly)	Connected Organi	ization's Mailing Address,	City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee	e? 🔲 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	t include self, i	f candidate)	
	· .	()		()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Numbe	er (Candidate Committees	Only)
	Election Date Office Sought & Political Subdivision	Political Party		Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees	must complète	this section)	
	Name of Ballot Measure	Election Date & Po	alitical Cubelistican	Support or Oppose
			ontical subdivision	support of Oppose
8.	Signature(s) Check certification(s) & sign (required by all com	imittees)		
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. In the recommendation and accurate in the recommendation and accurate in the recommendation and accurate in the recommendation and accurate. It is a support of the recommendation and accurate in the recommendation accurate in the recommendation and accurate in the recommendation and accurate in the recommendation accurate in the recommendation and accurate in the recommendation accurate in the recommendation and accurate in the recommendation and accurate in the recommendation a			
ti de la compania de	A A A A A A A A A A A A A A A A A A A	uguaration ma	ade in is puni	AA /
7	Constitute Treasyrer	CandidateVCandid	ite Committees Only)	1074
MO	300-1308 Form must be completed in full & contain or			e not accepted. Page 1 of 3

Packet (Rev. 12/2016)

Form must be completed in full & contain original signature(s), fax filings are not accepted. Page 1 of 3