



Missouri Ethics Commission (MEC)

OCT 30 2017

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

Missouri Ethics Commission

Office Use
OCT 20 2017

Statement of Committee Organization

1. Statement Information

Date: 10/16/2017

Type: New Amended (if amending, enter MEC ID c171031 & section changed Treasurer)

2. Committee Information

JOHN COLLINS-MUHAMMAD FOR ST. LOUIS

Name of Committee

4416 Holly Avenue, 1st Floor, St. Louis MO. 63115

(314) 339-8683

Telephone Number

St. Louis City Board of Elections Commissioners

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

John Collins-Muhammad

Treasurer's Name (First & Last)

4416 Holly Avenue, 1st Floor, St. Louis MO. 63115

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

Treasurer's Email Address (optional)

(314) 339-8683

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Timothy Anderson-EI

Deputy Treasurer's Name (if one appointed)

4416 Holly Avenue, 1st Floor, St. Louis MO. 63115

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

Deputy Treasurer's Email Address (optional)

(314) 267-8706

Dep. Treasurer's Home Telephone Number

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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)

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

Telephone Number (Candidate Committees Only)

Election Date

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.

Signature of Committee Treasurer

Signature of Candidate (Candidate Committees Only)