

FEB 08 2018



Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:
180093 *De*

Statement of Committee Organization

1. Statement Information

Date: 01/19/2018

Type: New Amended (if amending, enter MEC ID C 180057 & section changed _____)

2. Committee Information

CITIZENS FOR LAKEYSHA BOSLEY
Name of Committee

1428 SALISBURY ST LOUIS, MO 63107
Committee Mailing Address (City, State, & Zip)

(636) 439-4224
Telephone Number

St. Louis City 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

CONSWAYLA FRAZIER
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

1515 BREMEN AVE ST LOUIS, MO 63107
Treasurer's Mailing Address, City, State, & Zip

(636) 439-4224
Phone 1

Phone 2

LINDA PRIMER
Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

2139 E FAIR ST LOUIS, MO 63107
Deputy Treasurer's Mailing Address, City, State, & Zip

(314) 583-5140
Phone 1

Phone 2

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

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)

LAKEYSHA BOSLEY 1515 BREMEN AVE ST LOUIS, MO 63107
Name & Mailing address, City, State, & Zip of Candidate

(314) 243-9928
Phone 1

Phone 2

08/07/2018
Election Date

State
Representative/Missouri
House of Representatives
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.

Committee Treasurer

Candidate (Candidate Committees Only)

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