

C180078

FEB 16 2018



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

Office Use:
T180273 [Signature]

1. Statement Information

Date: 02/01/2018

Type: [X] New [] Amended (if amending, enter MEC ID C180078 & section changed)

2. Committee Information

Wiley Price for State Representative

Name of Committee

4973 Arsenal St. Saint Louis, MO 63139

Committee Mailing Address, City, State, & Zip

(314) 376-9657

Telephone Number

St. Louis City Board of Elections

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Michael Cracchiolo

Treasurer's Name (First & Last)

4973 Arsenal St. Saint Louis, MO 63139

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

(314) 376-9657

Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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

Phone 1

Phone 2

4. Additional Committee Information

Wiley Price (Candidate) | Tim Person (Campaign Manager)
| Leata Price (Deputy Campaign Manager)

Additional Committee Officer's Name & Title (if any)

5330 Pershing Ave. Apt. 307 Saint Louis, MO 63112 | 6125 S. Grand Saint Louis, MO 63111 | 5280 Waterman Saint Louis, MO 63112

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) [X] No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Wiley Price 5330 Pershing Ave Apt. 307 Saint Louis, MO 63112

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

State Rep.

(314) 814-1108

Phone 1

Phone 2

08/07/2018

Election Date

Statewide Office Dist 84

Office Sought & Political Subdivision

Democrat

Political Party

SUPPORT
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]
Committee Treasurer

[Signature]
Candidate (Candidate Committees Only)

and
er
meas
/16/18