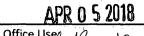


Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

## Statement of Committee Organization



Office Use

	Statement Information		
	Date: 04/03/2018	100279	
in was fr	Type: New Amended (if amending, enter MEC ID	18 0 0 0 1 & section of	changed
2	. Committee Information		
	Committee to Elect Chris Carter	<u> </u>	ing <u>ang taong ang taong ang taong an</u>
	Name of Committee  6000 W. Florissant, Avenue St. Louis, MO 63136		(314) 382-1600
	Committee Mailine Address, City, State, & Zip		Telephone Number
		Unknown	
	Committee Type: Campaign Candidate Continuing	County Clerk or Board of Election Comming (PAC) Debt Service	Exploratory Political Pary
3	Treasurer/Deputy Treasurer Information		
,	Shreela Boldin		
	Treasurer's Name (First & Last)	Heasurer a Lines municas (optionar)	
	1847 Switzer Ave St. Louis, MO 63147	(314) 537-7578	(314) 382-1600
	Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	nal)
	Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing A	ddress, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Addres	is, City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instruction	ns on back) No
r	Official Bank Account Information (required by all committees)		
Э.	Official Bank Account Information (required by an committees)		
			,
			•
<b></b>	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)	
	Willie Carter 6000 W. Florissant, Avenue St. Louis, MO	(314) 382-1600	
	63136 Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2
(	n. N.C+ 7/a		, , , , , , , , , , , , , , , , , , , ,
802 802	O8/07/2018 State CS 1 C Representative/Missouri	Democrat	
PSIL	House of Representatives		
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all commit	tees)	
	■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		
	507-	K' = I = I = I = I = I = I = I = I = I =	
	Committee Treasurer	Candidate (Candidate Sommittees Only)	<del>\</del>