



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

Missouri Ethics Commission

APR 05 2018

Office Use  
#180601 *JB De*

1. **Statement Information**

Date: 04/03/2018

Type: ☒ New ☐ Amended (if amending, enter MEC ID C180229 & section changed \_\_\_\_\_)

2. **Committee Information**

**Committee to Elect Chris Carter**

Name of Committee

6000 W. Florissant, Avenue St. Louis, MO 63136

Committee Mailing Address, City, State, & Zip

(314) 382-1600

Telephone Number

Other Committee \_\_\_\_\_

Unknown

County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing(PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. **Treasurer/Deputy Treasurer Information**

**Shreela Boldin**

Treasurer's Name (First & Last)

1847 Switzer Ave St. Louis, MO 63147

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

(314) 537-7578

Phone 1

(314) 382-1600

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**

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)**

Willie Carter 6000 W. Florissant, Avenue St. Louis, MO 63136

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

(314) 382-1600

Phone 1

Phone 2

08/07/2018

State

Dist 76

Representative/Missouri

House of Representatives

Office Sought & Political Subdivision

Democrat

Political Party

Support or Oppose

Election Date

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.

*Shreela Boldin*

Committee Treasurer

*Willie Carter*

Candidate (Candidate Committees Only)

*see 20805 eb site*