

C180558



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

Office JUL 31 2018  
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### Statement of Committee Organization

1. **Statement Information**

Date: 071818

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

2. **Committee Information**

CIVIL PAC  
Name of Committee

3449 WERFORD STREET IN ST LOUIS MO 63139 (314) 651-5295  
Committee Mailing Address, City, State, & Zip Telephone Number RM

County Clerk or Board of Election Commissioners

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

3. **Treasurer/Deputy Treasurer Information**

JOSEPH WILSON  
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

3449 WERFORD ST IN, ST. LOUIS MO 63139  
Treasurer's Mailing Address, City, State, & Zip

(314) 651-5295 ( )  
Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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

( ) ( )  
Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

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)**

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.

Joseph Wilson  
Committee Treasurer

Candidate (Candidate Committees Only)