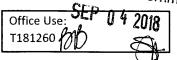




Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



1.	Statement Information	a parte estas en	
	Date: 08/30/2018		
	Type: New Amended (if amending, enter MEC ID C)	30599 & section c	hanged)
2.	Committee Information		A Committee of the Comm
	Nexus PAC		
	Name of Committee		(24.4) 252 2000
	714 Locust Street St Louis, MO 63101		(314) 252-8999 Telephone Number
	·	St. Louis City Board of Elec	tions
	Committee Times Committee Towns Committee Condidate	County Clerk or Board of Election Commi	
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service	Exploratory Political Pary
3.	Treasurer/Deputy Treasurer Information		
	Matthew McBride Treasurer's Name (First & Last)		
	714 Locust Street St Louis, MO 63101	(314) 252-8999	
	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 Address, City, State, & Zip	
	Congested Occasionisticals Mana (if any)	Connected Organization's Mailing Addres	Chu Chata 9 7:-
	CANDIDATES. Do you have more than an annidate committee?	-	
	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)	90	
			4 - 1 - 1
	$(A_{ij} + A_{ij} + A_{ij}) = (A_{ij} + A_{ij} + A_{ij}) + (A_{ij} + A_{ij} + A_{ij} + A_{ij} + A_{ij}) + (A_{ij} + A_{ij} + A_{ij} + A_{ij} + A_{ij} + A_{ij}) + (A_{ij} + A_{ij} + $		•
5.	Candidate Supported or Opposed (candidate committees must in	clude self, if candidate)	
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7	Ballot Measure Supported or Opposed (campaign committees m		
, .	pariot measure supported or opposed (campaign committees in	ast complete this section,	THE STATE OF
	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 o		
	- LIE		
	Committee Treasurer	Candidate (Candidate Committees Only)	