



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

OCT 22 2018

Statement of Committee Organization

1. Statement Information

Date: 10/18/18

Type: [] New [x] Amended (if amending, enter MEC ID C171031 & section changed info, treasurer)

2. Committee Information

JOHN COLLINS MUHAMMAD FOR ST. LOUIS

Name of Committee

4406 HOLLY AVENUE, ST. LOUIS MO. 63115

Committee Mailing Address, City, State, & Zip

(314) 339-9302

Telephone Number

ST. LOUIS CITY BOARD OF ELECTIONS

County Clerk or Board of Election Commissioners

Official Committee Email Address

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

3. Treasurer/Deputy Treasurer Information

Timothy Anderson EI

Treasurer's Name (First & Last)

4406 Holly Avenue, St. Louis MO. 63115

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

Treasurer's Email Address (optional)

(314) 267-8706

Treasurer's Home Telephone Number

(314) 339-8683

Treasurer's Work Telephone Number

John Collins-Muhammad, Jr.

Deputy Treasurer's Name (if one appointed)

4210 Fair Avenue, St. Louis MO 63115

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

(314) 339-9302

Dep. Treasurer's Home Telephone Number

(314) 339-8683

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDMENT

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) [x] No

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

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

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.

Committee Treasurer

Candidate (Candidate Committees Only)