



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

Missouri Ethics Commission

Office 1015 **OCT 29 2018** MEC

Statement of Committee Organization

1. Statement Information

Date: 10/25/2018
 Type: New Amended (if amending, enter MEC ID C180678 & section changed 2, 8)

2. Committee Information

Name of Committee: Families for Kimberly-Ann Collins
 Committee Mailing Address, City, State, & Zip: 4217 Clay Avenue St Louis MO 63115 Telephone Number: (314) 320-8691

County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Jesse Todd Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: 4250 Enright Saint Louis, MO 63108 Treasurer's Home Telephone Number: (314) 531-4940 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): AMENDMENT 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: Kimberly-Ann Collins 4217 Clay Ave. St Louis 63115 Telephone Number (Candidate Committees Only): (314) 320-8691
 Election Date: 08/04/2020 Office Sought & Political Subdivision: Missouri House District 47 Political Party: Democrat 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: Jesse Todd Candidate (Candidate Committees Only): Kimberly-Ann Collins