



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

Missouri Ethics Commission

NOV 01 2018

Office Use:
 T181382 [Signature] [Signature]

Statement of Committee Organization

1. Statement Information

Date: 08/09/2018
 Type: New Amended (if amending, enter MEC ID C180683 & section changed _____)

2. Committee Information

C Sharp Redmon for 6th Ward
 Name of Committee
2758 Accomac st St.Louis, MO 63104 (314) 616-0188
 Committee Mailing Address, City, State, & Zip Telephone Number
St. Louis City Board of Elections
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Jacqueline Phillips
 Treasurer's Name (First & Last)
626 N. Florissant Florissant, MO 63031
 Treasurer's Mailing Address, City, State, & Zip
 (314) 477-7926
 Phone 1 Phone 2
Tiarra Robinson
 Deputy Treasurer's Name (if one appointed)
645 Madison In Florissant, MO 63031
 Deputy Treasurer's Mailing Address, City, State, & Zip
 (314) 482-1641
 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)

Cedric Redmon 2758 Accomac st St.Louis, MO 63104 (314) 616-0188
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2
03/05/2019 Aldersperson/City of St. Louis Democrat
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose
Ward 6
 Office Sought & Political Subdivision

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.

Jacqueline Phillips Committee Treasurer
[Signature] Candidate (Candidate Committees Only)