



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

Office Use
NOV 08 2018

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 11/9/18
Type: New Amended (if amending, enter MEC ID C161375 & section changed 3. Treasurer)

2. Committee Information

Name of Committee: Friends of Jamilah Nasheed
Committee Mailing Address, City, State, & Zip: 4032 Olive Apt C St. Louis, MO 63108 Telephone Number: (314) 409-5730

Official Committee Email Address: _____ 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): Sadie Williams
Treasurer's Mailing Address, City, State, & Zip: 3426 Minnesota St. Louis, MO 63118
Treasurer's Email Address (optional): _____
Treasurer's Home Telephone Number: (314) 607-6583 Treasurer's Work Telephone Number: _____

Deputy Treasurer's Name (if one appointed): _____
Deputy Treasurer's Mailing Address, City, State, & Zip: _____
Deputy Treasurer's Email Address (optional): _____
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)

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: Sadie Williams Candidate (Candidate Committees Only): Jamilah Nasheed