



Office of the Secretary
 NOV 13 2018

Statement of Committee Organization

1. Statement Information

Date: 11/5/2018
 Type: New Amended (if amending, enter MEC ID c180683 & section changed treasurer)

2. Committee Information

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

3. Treasurer/Deputy Treasurer Information

Cedric Redmon
 Treasurer's Name (First & Last)
2758 accomac st
 Treasurer's Mailing Address, City, State, & Zip
n/a
 Deputy Treasurer's Name (if one appointed)
n/a/
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional)
(314) 616-0188
 Treasurer's Home Telephone Number
() n/a
 Treasurer's Work Telephone Number
n/a
 Deputy Treasurer's Email Address (optional)
() n/a
 Dep. Treasurer's Home Telephone Number
() n/a
 Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

n/a
 Additional Committee Officer's Name & Title (if any)
n/a
 Connected Organization's Name (if any)
n/a
 Additional Committee Officer's Mailing Address, City, State, & Zip
n/a
 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)

n/a
 Account Name

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

C sharp redmon for 6th ward
 Name & Mailing Address, City, State & Zip of Candidate
3/5/2019
 Election Date
alderperson
 Office Sought & Political Subdivision
(314) 6160188
 Telephone Number (Candidate Committees Only)
democrat
 Political Party
support
 Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

n/a
 Name of Ballot Measure
n/a
 Election Date & Political Subdivision
n/a
 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.

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