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Statement of Committee Organization

1. Statement Information

Date: 12-14-18

Type: New Amended (if amending, enter MEC ID C000447 & section changed 2, 6)

2. Committee Information

Name of Committee: FRIENDS OF GREGORY F.X. DALY

Committee Mailing Address, City, State, & Zip: 4127 Upton St., ST. LOUIS, MO 63116

Telephone Number: (314) 752-7997

CITY OF ST. LOUIS
 County Clerk of 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)

Treasurer's Email Address (optional)

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

Treasurer's Home Telephone Number

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)

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)

GREGORY F.X. DALY, 4127 Upton St., ST. LOUIS MO 63116
 Name & Mailing Address, City, State, & Zip of Candidate

(314) 353-8670
 Telephone Number (Candidate Committees Only)

(314) 607-2383
 Telephone Number (Candidate Committees Only)

8-2-2022
 Election Date

COLLECTOR OF REVENUE
 CITY OF ST. LOUIS
 Office Sought & Political Subdivision

DEMOCRAT
 Political Party

SUPPORT
 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.

Norman Z. Butcher
 Committee Treasurer

Gregory F.X. Daly
 Candidate (Candidate Committees Only)