



Statement of Committee Organization

1. Statement Information

Date: 12/14/18
 Type: New Amended (if amending, enter MEC ID C190747 & section changed _____)

2. Committee Information

FRIENDS OF BRET NAZAYAN
 Name of Committee

6304 OAKLAND AVENUE ST. LOUIS MO 63139 (314) 805-3825
 Committee Mailing Address, City, State, & Zip Telephone Number

CITY OF ST. LOUIS 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

JOSEPH WILSON
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

3449 HEREFORD ST. IN STL MO 63139 (314) 651-5295 _____
 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) 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)

BRET NAZAYAN 6304 OAKLAND AVE (314) 805-3825 _____
 Name & Mailing Address, City, State & Zip of Candidate ST. LOUIS MO 63139 Telephone Number (Candidate Committees Only)

APRIL 2, 2019 ALDEZMAN, 24TH WARD DEMOCRAT SUPPORT
 JE Election Date Office Sought & Political Subdivision Political Party Support or Oppose
3-3-19

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.

Joseph Wilson _____
 Committee Treasurer Candidate (Candidate Committees Only)