

JAN 08 2019



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

Statement of Committee Organization

Office Use:
T191540 [Signature]

1. Statement Information

Date: 01/04/2019
Type: [X] New [] Amended (if amending, enter MEC ID C0758 & section changed)

2. Committee Information

Coleman For Equity
Name of Committee
4054 Russell Blvd Saint Louis, MO 63110
Committee Mailing Address, City, State, & Zip
(314) 629-1321
Telephone Number

St. Louis City Board of Elections
County Clerk or Board of Election Commissioners

Committee Type: [] Campaign [X] Candidate [] Continuing(PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Jacqueline Gonzales
Treasurer's Name (First & Last)
4054 Russell Blvd Saint Louis, MO 63110
Treasurer's Mailing Address, City, State, & Zip
(314) 623-4705
Phone 1

Emmett Coleman
Deputy Treasurer's Name (if one appointed)
4054 Russell Blvd Saint Louis, MO 63110
Deputy Treasurer's Mailing Address, City, State, & Zip
(314) 629-1321
Phone 1

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) [X] No

5. Official Bank Account Information (required by all committees)

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

Emmett Coleman 4054 Russell Blvd Saint Louis, MO 63110
Name & Mailing address, City, State, & Zip of Candidate
(314) 629-1321
Phone 1
Phone 2
03/05/2019
Election Date
Aldersperson/City of St. Louis
Office Sought & Political Subdivision
Democrat
Political Party
Support or Oppose

DE
of
Louis
City
ab
Site

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)

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