



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

Missouri Ethics Commission
Office Use:
JAN 24 2019

Statement of Committee Organization

1. Statement Information

Date: 1/15/19

Type: ☐ New ☒ Amended (if amending, enter MEC ID C190229 & section changed Committee information)

2. Committee Information

Name of Committee: Committee to Elect Chris Carter

Committee Mailing Address, City, State, & Zip: 6000 W. Florissant Ave St. Louis MO 63136

Telephone Number: (314) 382-1600

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): Shreela Boldin

Treasurer's Mailing Address, City, State, & Zip: 1847 Switzer Ave.

Treasurer's Home Telephone Number: (314) 537-7578

Treasurer's Work Telephone Number: (314) 382-1600

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): N/A
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)

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

Name & Mailing Address, City, State & Zip of Candidate: Chris Carter 5945 Pampolin

Telephone Number (Candidate Committees Only): (314) 382-1600

Election Date: 11/6/18

Office Sought & Political Subdivision: 76th District State Rep

Political Party: Democrat

Support or Oppose: Support

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

Name of Ballot Measure: N/A

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: [Signature]

Candidate (Candidate Committees Only): [Signature]