

C190840



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

APR 24 2019
Office Use
HARD DELIVERED

Statement of Committee Organization

1. Statement Information

Date: 4/19/19

Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Friends of Jamilah Nasheed

Name of Committee

4032 Olive Unit C, Saint Louis, MO 63108

(314) 409-5730

Telephone Number

Saint Louis City

County Clerk or Board of Election Commissioners

Official Committee Email Address _____

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

3. Treasurer/Deputy Treasurer Information

Sadie Williams

Treasurer's Name (First & Last)

3426 Minnesota Ave, Saint Louis, MO 63118

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

Treasurer's Email Address (optional) _____

(314) 607-6583

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Jamilah Nasheed

Deputy Treasurer's Name (if one appointed)

4032 Olive Unit C, Saint Louis, MO 63108

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

Deputy Treasurer's Email Address (optional) _____

(314) 409-5730

Dep. Treasurer's Home Telephone Number

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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)

Self

SAA

Name & Mailing Address, City, State & Zip of Candidate

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Telephone Number (Candidate Committees Only)

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08/02/2022

Election Date

Citywide Office - Saint Louis City

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.

Sadie Williams
Committee Treasurer

Jamilah Nasheed
Candidate (Candidate Committees Only)