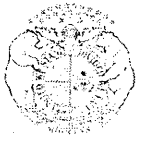


C180678



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

Missouri Ethics Commission  
JAN 14 2020

# Statement of Committee Organization

### 1. Statement Information

Date: 10/8/2019  
Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed 3 & 2)

### 2. Committee Information

Name of Committee: Families for Kimberly-Ann Collins  
Committee Mailing Address, City, State, & Zip: 4217 Clay Avenue St Louis, MO 63115 Telephone Number: (314) 349-8042

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): Melba Willis  
Treasurer's Mailing Address, City, State, & Zip: 4500 ~~Athlone Ave~~ Athlone Ave  
Treasurer's Email Address (optional): \_\_\_\_\_  
Treasurer's Home Telephone Number: (314) 608-0762 Treasurer's Work Telephone Number: \_\_\_\_\_  
Deputy Treasurer's Name (if one appointed): \_\_\_\_\_  
Deputy Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_  
Deputy Treasurer's Email Address (optional): \_\_\_\_\_  
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)

Name & Mailing Address, City, State & Zip of Candidate: \_\_\_\_\_ Telephone Number (Candidate Committees Only): \_\_\_\_\_  
Election Date: \_\_\_\_\_ Office Sought & Political Subdivision: \_\_\_\_\_ Political Party: \_\_\_\_\_ 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.

Melba Willis Committee Treasurer Kimberly Ann Collins Candidate (Candidate Committees Only)