



Statement of Committee Organization

1. Statement Information

Date: 05/26/2020
Type: New Amended (if amending, enter MEC ID A190907 & section changed Committee Info.)

2. Committee Information

Citizens to Re-Elect Dr. Kevin M. Martin
Name of Committee
PO Box 151 Florissant, MO 63032 (630) 709-4652
Committee Mailing Address, City, State, & Zip Telephone Number
St. Louis County Board of Elections
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

Doris A. Graham
Treasurer's Name (First & Last)
4415 Fairfeild Avenue, Berkely, MO 63134
Treasurer's Mailing Address, City, State, & Zip
(314) 456-8696 ()
Treasurer's Home Telephone Number Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed) 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) 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)

Kevin M. Martin, PO Box 151 Florissant, MO 63032 (630) 709-4652 ()
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
04/07/2020 St. Louis Community College Board subdistrict #1 Non-Partisan Support
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.
Rev. Dr. Doris A. Graham [Signature]
Committee Treasurer Candidate (Candidate Committees Only)