



Office Use:
 C201500

Statement of Committee Organization

1. Statement Information

Date: 11/05/2020
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Reed For St Louis
 Name of Committee

PO BOX 771111 St Louis, MO 63177 (314) 900-2002
 Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] St. Louis City Board of Elections
 Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

James Hill [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

PO BOX 771111 St Louis, MO 63177 (314) 367-1759
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

 Deputy Treasurer's Name (if one appointed) [REDACTED]
 Deputy Treasurer's Email Address (optional)

 Deputy Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

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)

[REDACTED] [REDACTED] [REDACTED]
 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)

Lewis Reed 2925 Russell Blvd St Louis, MO 63104 (314) 399-8569
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

03/02/2021 Mayor/City of St. Louis Democrat
 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)

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.

ELECTRONICALLY FILED Nov 5 2020 08:02 PM ELECTRONICALLY FILED Nov 5 2020 08:02 PM
 Committee Treasurer Candidate (Candidate Committees Only)