



Office Use:  
C201511

# Statement of Committee Organization

**1. Statement Information**

Date: 11/27/2020  
 Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

**2. Committee Information**

The People for Shedrick Kelley  
 Name of Committee

2243 Jules St St. Louis, MO 63104 (314) 435-6152  
 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**

Alicia Kelley [REDACTED]  
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

2243 Jules St St. Louis, MO 63104 (314) 296-9969  
 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)**

Shedrick Kelley 2243 Jules St St. Louis, MO 63104 (314) 435-6152  
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

03/02/2021 Aldersperson/City of St. Louis  
 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 28 2020 07:14 PM  
 Committee Treasurer

ELECTRONICALLY FILED Nov 28 2020 07:14 PM  
 Candidate (Candidate Committees Only)