

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

## Statement of Committee Organization

Office Use:	
C222299	

L. Statement Information	on			
Date: <u>11/17/2022</u>	_			
Type: New	Amended (if amending, enter MEC ID	& section c	& section changed	
Committee Informati	on			
JP Mitchom for 7th Wa	ard			
3680 Blaine Ave Saint	Louis MO 63110		(314) 367-0707	
Committee Mailing Address, City,			Telephone Number	
[REDACTED] Official Committee Email Address		St. Louis City Board of Elections County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee		
Committee Type:	Campaign Candidate Continu	ing(PAC) Debt Service	_	
. Treasurer/Deputy Tre	asurer Information			
Kaishla Davie		[REDACTED]		
Treasurer's Name (First & Last)		Treasurer's Email Address (optional)		
1842 South 10th Stree	et St. Louis , MO 63104	(254) 630-8924 Phone 1	Phone 2	
ricusare. 5 maining radicess, entry	500.5) & 2.5	[REDACTED]		
Deputy Treasurer's Name (if one a	appointed)	Deputy Treasurer's Email Address (optional)		
Deputy Treasurer's Mailing Addres	ss, City, State, & Zip	Phone 1	Phone 2	
. Additional Committee	Information			
Shelley Mitchom (Sec		3680 Blaine Ave. Saint Loui	s MO 63110	
Additional Committee Officer's Na		Additional Committee Officer's Mailing Address, City, State, & Zip		
Connected Organization's Name (i		Connected Organization's Mailing Address		
	have more than one candidate committed		ns on back) No	
. Official Bank Account	Information (required by all committees			
[REDACTED]  Name & Mailing Address, City, State	te & 7in of Financial Institution	[REDACTED] Account Name	[REDACTED] Account Number	
	or Opposed (candidate committees mus		Account Number	
	8680 Blaine Ave Saint Louis, MO	(314) 565-7669		
63110	and statile twe same round, wie	(314) 303-7003		
Name & Mailing address, City, Sta		Phone 1	Phone 2	
03/07/2023	Alderperson/City of St. Louis	Independent		
Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose	
. Ballot Measure Suppo	orted or Opposed (campaign committees	must complete this section)		
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
Signature(s) Check ce	rtification(s) & sign (required by all comn	nittees)		
	nder penalty of perjury that information a			
_	D Nov 17 2022 10:30 PM	ELECTRONICALLY FILED No		
		Candidate (Candidate Committees Only)	· 1, 2022 10.30   WI	