

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

Office Use: C222333

Statement of Committee Organization

1.	Statement Information Date: 12/13/2022		
	Type: New Amended (if amending, enter MEC ID	& section cha	inged)
2	Committee Information		,
	The People for Shedrick Kelley		
	Name of Committee		
	2243 Jules St St. Louis, MO 63104 Committee Mailing Address, City, State, & Zip		(314) 435-6152 Telephone Number
	[REDACTED]	St. Louis City Board of Electio	ns
	Official Committee Email Address	County Clerk, Board of Election Commission	
		g(PAC) Debt Service Ex	ploratory Political Pary
3.	Treasurer/Deputy Treasurer Information		
	Alicia Kelley Treasurer's Name (First & Last)	[REDACTED] 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, C	ity, 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)	es)	
	[REDACTED]	[REDACTED]	[REDACTED]
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)	
	Shedrick Kelley 2243 Jules St St. Louis, MO 63104 Name & Mailing address, City, State, & Zip of Candidate	(314) 435-6152 Phone 1	Phone 2
	03/07/2023 Alderperson/City of St.	Democrat	
	Louis		
7	Election Date Office Sought & Political Subdivision Ballot Measure Supported or Opposed (campaign committees m	Political Party	Support or Oppose
/.	Banot measure supported or opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all commit	tees)	
	affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I		
	urther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	ELECTRONICALLY FILED Dec 13 2022 11:47 AM	ELECTRONICALLY FILED Dec 13 2022 11:47 AM Candidate (Candidate Committees Only)	