



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C010201

OFFICE USE ONLY
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STATEMENT DATE <u>4/21/09</u>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBER) <u>5, 8, 14, 16</u>	
3. FULL NAME OF COMMITTEE <u>SLAY FOR MAYOR</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>6559 ITASKA</u> CITY / STATE / ZIP: <u>ST. LOUIS, MO 63109</u>			5. TELEPHONE NUMBER <u>314-534-2005</u> <u>314-566-5158</u>		
6. TREASURER'S NAME <u>JUDITH E MURPHY</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>6559 ITASKA</u> CITY / STATE / ZIP: <u>ST. LOUIS, MO 63109</u>			8. TELEPHONE NUMBER HOME: <u>314-351-8571</u> WORK: <u>314-290-3496</u>		
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:			11. TELEPHONE NUMBER HOME: WORK:		
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS			AMENDMENT		
13. IS CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION		B. ACCOUNT NAME			
<u>FIRST BANK 7236 GRAVOIS 63116</u>		<u>SLAY FOR MAYOR</u>			
<u>BANK OF AMERICA 4625 LINCOLN 63107</u>		<u>SLAY FOR MAYOR</u>			
<u>PULASKI BANK 12300 OLIVE BLVD. 63141</u>		<u>SLAY FOR MAYOR</u>			
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME <u>FRANCIS G. SLAY</u>		B. ADDRESS <u>3869 ROBERT AVE. ST. LOUIS, MO 63116-3054</u>		C. TELEPHONE NO. <u>314-534-2005</u>	D. POLITICAL PARTY <u>DEMOCRAT</u>
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME			B. ADDRESS		
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S)		B. ELECTION DATE	C. OFFICE SOUGHT		D. POLITICAL SUBDIVISION
		<u>3/5/13</u>	<u>MAYOR,</u>		<u>CITY OF ST. LOUIS</u>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE
					E. SUPPORT F. OPPOSE
20. COMMITTEE TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)		
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.			I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.		
<u>Judith E. Murphy</u> TREASURER'S SIGNATURE			<u>Francis G. Slay</u> CANDIDATE'S SIGNATURE		

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JUN 18 2009