



Office Use: BB MR

Statement of Committee Organization

1. Statement Information

Date: April 16, 2013

Type: New Amended (if amending, enter MEC ID C010201 & section changed 2 & 6)

2. Committee Information

Slay for Mayor

Name of Committee

6559 Itaska St., Saint Louis, MO 63109

Committee Mailing Address, City, State, & Zip

(314) 290-3496

Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Judith Murphy

Treasurer's Name (First & Last)

6559 Itaska St., Saint Louis, MO 63109

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 351-8571

Treasurer's Home Telephone Number

(314) 290-3496

Treasurer's Work Telephone Number

Sharon Bourne

Deputy Treasurer's Name (if one appointed)

7021 McCausland Ct., Saint Louis, MO 63143

Deputy Treasurer's Mailing Address, City, State, & Zip

Deputy Treasurer's Email Address (optional)

(314) 645-1237

Dep. Treasurer's Home Telephone Number

(314) 566-5158

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

AMENDMENT

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)

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)

Francis G. Slay 3869 Robert Ave., St. Louis, MO 63116

Name & Mailing Address, City, State & Zip of Candidate

(314) 534-2009

Telephone Number (Candidate Committees Only)

March 7, 2017

Election Date

Mayor, City of St. Louis

Office Sought & Political Subdivision

Democrat

Political Party

Support

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)

I 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.

Judith E. Murphy

Committee Treasurer

Francis G. Slay

Candidate (Candidate Committees Only)