



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

Office Use:

*BB*  
*BL*

# Statement of Committee Organization

**1. Statement Information**

Date: 6/15/2015

Type:  New  Amended (if amending, enter MEC ID 015/110 & section changed \_\_\_\_\_)

**2. Committee Information**

Citizens To Elect Alan Gray

Name of Committee

11845 Rollingsford

Black Jack, MO 63033

(314) 355-6789

Committee Mailing Address, City, State, & Zip

Telephone Number

St. Louis County

County Clerk or Board of Election Commissioners

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

**3. Treasurer/Deputy Treasurer Information**

Yvonne Gray

Treasurer's Name (First & Last)

14620 Baratton Dr. Florissant Mo 63034

(703) 507-8430

( )

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

Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

**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)**

**6. Candidate Supported or Opposed (candidate committees must include self, if candidate)**

Alan Gray 11845 Rollingsford Black Jack Mo 63033

(314) 355-6789

(314) 496-9451

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

Telephone Number (Candidate Committees Only)

8/9/2016

State Rep

Democrat

support

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)**

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.

Yvonne Gray  
 Committee Treasurer

Alan Gray  
 Candidate (Candidate Committees Only)