



Office Use **OCT 11 2016**

Statement of Committee Organization

1. Statement Information

Date: 10/04/2016

Type: New Amended (if amending, enter MEC ID C131066 & section changed _____)

2. Committee Information

Committee to Elect Reed

Name of Committee

2925 Russell, Blvd. St Louis Mo. 63104

(314) 900-2002

Telephone Number

City, State, & Zip

St Louis Board of Elections

County Clerk or Board of Election Commissioners

Official Committee Email Address

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

3. Treasurer/Deputy Treasurer Information

Erin Zielinski

Treasurer's Name (First & Last)

4605 McCausland St. Louis, MO 63109

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

Treasurer's Email Address (optional)

(314) 853-5613

Treasurer's Home Telephone Number

(314) 862-1300

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

AMENDMENT

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)

Name of Financial Institution

Account Number

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

Lewis Reed 2925 Russell Blvd. St. Louis Mo 63104

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

(314) 900-2002

Telephone Number (Candidate Committees Only)

3-7-17

Election Date

Mayor 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.

[Signature]
 Committee Treasurer

[Signature] 10/4/2016
 Candidate (Candidate Committees Only)