



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

Office Use MB 8

Statement of Committee Organization

1. Statement Information

Date: 01/31/2017
 Type: New Amended (if amending, enter MEC ID 0171049 & section changed _____)

2. Committee Information

STL Citizens for Safety
 Name of Committee
PO Box 11514, St. Louis, MO 63105 (314) 632-6445
 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

Ronald Battelle
 Treasurer's Name (First & Last)
941 Chesterfield Villas Circle, Chesterfield, MO 63017
 Treasurer's Mailing Address, City, State, & Zip
Patrick Lynn
 Deputy Treasurer's Name (if one appointed)
1208 S McKnight Road, St Louis, MO 63117
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional)
 Treasurer's Home Telephone Number (314) 560-1000
 Treasurer's Work Telephone Number
 Deputy Treasurer's Email Address (optional)
 Dep. Treasurer's Home Telephone Number (314) 250-3026
 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)

Name & Mailing Address, City, State & Zip of Candidate _____
 Telephone Number (Candidate Committees Only) _____
 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.

Ronald D. Battelle
 Committee Treasurer Candidate (Candidate Committees Only)