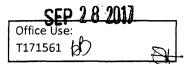


Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



Statement Information			
Date: 09/22/2017			
Гуре: New Amended (if amending, enter MEC ID	<u>C171293</u> & section	changed	
Committee Information			
Citizens for a Safer St. Louis ame of Committee			
PO Box 771436 St. Louis, MO 63177		(314) 632-6445	
ommittee Mailing Address, City, State, & Zip		Telephone Number	
	None County Clerk or Board of Election Comm	nissioners	
ommittee Type: Campaign Candidate Con	tinuing(PAC) Debt Service	Exploratory Political Par	
reasurer/Deputy Treasurer Information		•	
are Gates			
easurer's Name (First & Last)	•		
O Box 771436 St Louis, MO 63177 easurer's Mailing Address, City, State, & Zip	(314) 494-2917 Phone 1	Phone 2	
5			
eputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)		
puty Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2	
dditional Committee Information			
autional committee mornation			
ditional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing	Additional Committee Officer's Mailing Address, City, State, & Zip	
nnected Organization's Name (if any)	Connected Oversites in the Marilian Adultan	City State 9 7	
- "	Connected Organization's Mailing Addre	· · · · · · · · · · · · · · · · · · ·	
ANDIDATES: Do you have more than one candidate comm		ils on back)	
fficial Bank Account Information (required by all commit	tees)	• .	
indidate Supported or Opposed (candidate committees r	nust include self, if candidate)		
O Million and the Control of the Con		2	
me & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2	
ction Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
llot Measure Supported or Opposed (campaign committ	ees must complete this section)		
oposition P	11/07/2017,City of St.	Support	
ne of Ballot Measure	Louis Election Date & Political Subdivision	Support or Oppose	
nature(s) Check certification(s) & sign (required by all co		· · · · · · · · · · · · · · · · · · ·	
laffirm and attest under penalty of perjury that information		niete true and accurate	
rther acknowledge that I am aware that any false stateme	·		
Clari gatis	·		
mmittee Treasurer	Candidate (Candidate Committees Only)		