



Office Use:  
Missouri Ethics Commission  
OCT 10 2017

# Statement of Committee Organization

## 1. Statement Information

Date: 09/28/17

Type:  New  Amended (if amending, enter MEC ID A 171398 & section changed \_\_\_\_\_)

## 2. Committee Information

### Committee for a Healthy Community

Name of Committee

9648 Olive Blvd. Ste 350, Olivette, MO 63132

Committee Mailing Address, City, State, & Zip

(314) 384-6681

Telephone Number

St. Louis County

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

### Regina Sullivan

Treasurer's Name (First & Last)

4409 Eagle Estates Dr, Florissant, MO 63034

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

(314) 323-1191

Telephone Number

( )

Treasurer's Work Telephone Number

### Michelle Hayes

Deputy Treasurer's Name (if one appointed)

7354 Dartmouth Ave #2, St. Louis, MO 63130

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

Deputy Treasurer's Email Address (optional) \_\_\_\_\_

(314) 387-7082

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)

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)

### Smoke Free Initiatives

Name of Ballot Measure

11/08/2018 St. Louis County & St. Charles County

Election Date & Political Subdivision

Support

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

\_\_\_\_\_  
Candidate (Candidate Committees Only)