



Statement of Committee Organization

1. Statement Information

Date: 12-08-17
 Type: New Amended (if amending, enter MEC ID C071143 & section changed 2,3,6,8)

2. Committee Information

Name of Committee: Citizens to Elect Sue Allen
 Address: 202 Willow Spring Hill Ct. Telephone Number: (314) 265-3824
 Official Committee Email Address: _____ County Clerk or Board of Election Commissioners: St. Louis County
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Nicholas Ballo Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: 450 Conway Village Dr., Town + Country, 63141 Treasurer's Home Telephone Number: (314) 576-7799 Treasurer's Work Telephone Number: (314) 406-4700
 Deputy Treasurer's Name (if one appointed): R. Michael Allen
 Deputy Treasurer's Mailing Address, City, State, & Zip: 202 Willow Spring Hill Ct., Town + Country, 63017 Dep. Treasurer's Home Telephone Number: (314) 578-4271 Dep. Treasurer's Work Telephone Number: (314) 578-4271

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): NONE Additional Committee Officer's Mailing Address, City, State, & Zip: _____
 Connected Organization's Name (if any): AMENDMENT 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)

b. Candidate Support

Name & Mailing Address, City, State & Zip of Candidate: Sue Allen Telephone Number (Candidate Committees Only): (314) 265-3824
 Election Date: 04-03-18 Office Sought & Political Subdivision: Ward 4 - Alderman Town + Country Political Party: Non-partisan Support or Oppose: Support

7. Ballot Measure Supported or Opposed

Name of Ballot Measure: NONE Election Date & Political Subdivision: _____ Support or Oppose: _____

8. Signature and Attestation (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.

Committee Treasurer: [Signature] Candidate (Candidate Committees Only): Sue Allen