



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

Office Use
MAR 05 2018
RWD

Statement of Committee Organization

1. Statement Information

Date: 3/2/18

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

2. Committee Information

Committee to Elect Rita Heard Days
Name of Committee

3083 Bellerive Drive St Louis MO 63121
Committee Mailing Address, City, State, & Zip

(314) 456-0514
Telephone Number

Official Committee Email Address

St. Louis County
County Clerk or Board of Election Commissioners

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

per card 3/5

3. Treasurer/Deputy Treasurer Information

Rita Days
Treasurer's Name (First & Last)

3083 Bellerive Drive ST LOUIS MO 63121
Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 385-9598 (314) 877-1375
Treasurer's Home Telephone Number Treasurer's Work Telephone Number

N/A
Deputy Treasurer's Name (if one appointed)

N/A
Deputy Treasurer's Email Address (optional)

N/A
Deputy Treasurer's Mailing Address, City, State, & Zip

() N/A ()
Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

N/A
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)

Rita Heard Days (same)
Name & Mailing Address, City, State & Zip of Candidate

(314) 456-0514 ()
Telephone Number (Candidate Committees Only)

April 13, 2018 Mayor - Bel-Nor
Election Date Office Sought & Political Subdivision

N/A
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.

Rita Heard Days
Committee Treasurer

Rita Heard Days
Candidate (Candidate Committees Only)