



Statement of Committee Organization

1. Statement Information

Date: 10/12/2019
 Type: New Amended (if amending, enter MEC ID C190913 & section changed 3)

2. Committee Information

Michelle Sherod For St. Louis
 Name of Committee
 Michelle For St. Louis, 4005 McRee Avenue, St. Louis, MO 63110 (314) 749.5606
 Committee Mailing Address, City, State, & Zip Telephone Number
 St. Louis City Board of Elections
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Barbara Gilchrist
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)
 3638 Juniata Avenue, St. Louis, MO 63116 (314) 775.4931
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)
 Deputy Treasurer's Mailing Address, City, State, & Zip Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDMENT
 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)

Michelle Sherod 4005 McRee Avenue, St. Louis, MO 63110 (314) 749.5606
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
 August 4, 2020 MO State Senate Democrat
 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.
 [Signature] [Signature]
 Committee Treasurer Candidate (Candidate Committees Only)