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# Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

## Statement of Committee Organization

Office Use:

*am*

### 1. Statement Information

Date: 2/3/2021

Type:  New  Amended (if amending, enter MEC ID C000450 & section changed 2, 3 & 6)

### 2. Committee Information

The Krewson Committee

Name of Committee

502 Lake Ave St. Louis MO 63108

Committee Mailing Address, City, State, & Zip

( ) 314-607-3452

Telephone Number

Official Committee Email Address

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

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

### 3. Treasurer/Deputy Treasurer Information

Harvey Citerman

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

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

( ) 314-277-6844

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

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)

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

### 6. Candidate Supported or Opposed (candidate committees must include self if candidate)

Lyda Krewson

( ) 314-607-3452

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

August 2022

County/City wide office

Democrat

Support

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.

*Harvey Citerman*  
Committee Treasurer

*Lyda Krewson*  
Candidate (Candidate Committees Only)