

Missouri Ethics Commission



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

JUN 14 2022

Received by Fax

1. **Statement Information**

Date: 06/13/2022

Type: ☐ New ☒ Amended (if amending, enter MEC ID A201423 & section changed _____)2. **Committee Information**

Norma Elect Walker

Name of Committee

5501 St Louis Ave

Committee Mailing Address, City, State, & Zip

(314) 7137078

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 Party3. **Treasurer/Deputy Treasurer Information**

Norma J Walker

Treasurer's Name (First & Last)

5501 St Louis Ave, St Louis, Mo 63120

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

Treasurer's Email Address (optional)

()

Treasurer's Home Telephone Number

()

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

()

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) ☒ No5. **Official Bank Account Information (required by all committees)**6. **Candidate Supported or Opposed (candidate committees must include self, if candidate)**

Norma Elect Walker

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

August 23, 2022

Election Date

Alderman 22nd Ward St Louis

Office Sought & Political Subdivision

(314) 7137078

Telephone Number (Candidate Committees Only)

Democratic

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.

Committee Treasurer

Candidate (Candidate Committees Only)