

Amendment

MO 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

JUL 01 2024
Office Use
Rec'd by email

1. **Statement of Information**
Date: 7/01/2024
Type: New Amended (if amending, enter MEC ID c000450 & section changed 6)

2. **Committee Information**
Name of Committee: The Krewson Committee
Committee Mailing Address, City, State, & Zip: 502 Lake Ave, St Louis MO 63108
Telephone Number: (314) 6073452
Committee Email Address: _____
County Clerk/Board of Election Commissioner, or Federal PAC/Out of State Committee: _____
Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. **Treasurer/Deputy Treasurer Information**
Treasurer's Name (First & Last): _____
Treasurer's Email Address (optional): _____
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**
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)**
Name & Mailing Address, City, State & Zip of Candidate: Lyda Krewson
Election Date: 08/04/2026
Office Sought & Political Subdivision: City of St Louis
Telephone Number (Candidate Committees Only): (314) 607-3452
Political Party: Democrat
Support or Oppose: support

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), Chair 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: Harvey Citerman
Candidate (Candidate Committees Only): Lyda Krewson