



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # 2000024

OFFICE USE ONLY
[Handwritten initials]

STATEMENT DATE <u>2/9/09</u>		1. TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <u>2, 4, 5, 6, 7, 8</u>	
3. FULL NAME OF COMMITTEE <u>CITIZENS FOR WESSELS</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>5819 DEWEY AVE</u> CITY/STATE/ZIP: <u>ST LOUIS MO 63116</u>				5. TELEPHONE NUMBER <u>314-832-3174</u>	
6. TREASURER'S NAME <u>SHARON L. CUNNINGHAM</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>5819 DEWEY AVE</u> CITY/STATE/ZIP: <u>ST LOUIS MO 63116</u>				8. TELEPHONE NUMBER HOME: <u>314-832-3174</u> WORK: <u>314-781-6775</u>	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY/STATE/ZIP:				11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVINGS & LOAN, OR CREDIT UNION <u>Southern Commercial Bank</u> <u>5515 S. GRAND</u> <u>ST LOUIS MO 63111</u>					
			B. ACCOUNT NAME <u>CITIZENS FOR WESSELS</u>		
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY <u>ALBERT J. WESSELS JR</u> <u>3955 DOVER PL</u> <u>314-353-5152</u> <u>DEMOCRAT</u>					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION				CHECK ONE E. SUPPORT F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>	
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION				CHECK ONE D. SUPPORT E. OPPOSE <input type="checkbox"/> <input type="checkbox"/>	
20. TREASURER'S STATEMENT (ALL COMMITTEES) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.			21. CANDIDATE'S STATEMENT (CANDIDATE & EXPLORATORY COMMITTEES) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.		
 TREASURER'S SIGNATURE			 CANDIDATE'S SIGNATURE		

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FEB 13 2009