



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # 000026

OFFICE USE ONLY
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bmm

STATEMENT DATE <u>7-28-2009</u>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <u>6-7-8-18</u>	
3. FULL NAME OF COMMITTEE <u>CITIZENS FOR WESSELS</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>3955 DOVER PL</u> CITY/STATE/ZIP: <u>ST. LOUIS, MO 63116</u>				5. TELEPHONE NUMBER <u>314-353-5152</u>	
6. TREASURER'S NAME <u>SHARON 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>314-822-3174</u> WORK: <u>314-781-6775</u>	
9. DEPUTY TREASURER'S NAME <input checked="" 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 checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <u>SOUTHERN COMMERCIAL BANK</u> <u>5815 SO GRAND</u> <u>ST. LOUIS, MO 63111</u>					
		B. ACCOUNT NAME <u>CITIZENS FOR WESSELS</u>		C. ACCOUNT NO. <u>1</u>	
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input checked="" 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					
AMENDMENT					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) <u>ALFRED J. WESSELS, JR.</u>		B. ELECTION DATE <u>3-5-2013</u>		C. OFFICE SOUGHT <u>ALDERMAN</u> <u>WARD-13</u>	
		D. POLITICAL SUBDIVISION <u>ST. LOUIS CITY</u>		CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <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 E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Sharon Cunningham</u> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Alfred Wessels</u> CANDIDATE'S SIGNATURE		

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JUL 29 2009