



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C081332

OFFICE USE ONLY
LT

STATEMENT DATE 06/24/2009		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 14 A, 14B, 14C	
3. FULL NAME OF COMMITTEE FRIENDS OF JOE VACCARO, INC.					
4. COMMITTEE MAILING ADDRESS ADDRESS: 6227 HANCOCK AVE. CITY / STATE / ZIP: ST. LOUIS, MO 63139				5. TELEPHONE NUMBER 314-645-3038	
6. TREASURER'S NAME ROBERT "BOB" J. RICE					
7. TREASURER'S MAILING ADDRESS ADDRESS: 5716 ARTHUR AVE. CITY / STATE / ZIP: ST. LOUIS, MO 63139				8. TELEPHONE NUMBER HOME: 314-229-3904 WORK: 314-622-4804	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER CRYSTAL SUE VACCARO					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 6227 HANCOCK AVE. CITY / STATE / ZIP: ST. LOUIS, MO 63139				11. TELEPHONE NUMBER HOME: 314-645-3038 WORK: 314-781-8844	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE JOSEPH A. VACCARO, JR. 6227 HANCOCK AVE. PRES				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 B. ACCOUNT NAME C. ACCOUNT NO. NATIONAL CITY BANK FRIENDS OF JOE VACCARO, INC. XXXXXXXXXX 6025 CHIPPEWA, ST. LOUIS, MO 63109					
15. TYPE OF COMMITTEE <input checked="" 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 JOSEPH A. VACCARO, JR. 6227 HANCOCK AVE., ST. LOUIS, MO 314-645-3038 DEMOCRAT					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS AMENDMENT					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE JOSEPH A. VACCARO, JR. MARCH, 2013 ALDERMAN CITY OF ST. LOUIS-23RD WARD <input checked="" 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 E. SUPPORT F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE		

JUL 17 2009