





MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C000316

OFFICE USE ONLY

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STATEMENT DATE <i>August 26, 2009</i>		1. TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 2.	
3. FULL NAME OF COMMITTEE <i>Terry Kennedy Campaign Committee</i>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <i>4101 Washington Ave.</i> CITY/STATE/ZIP: <i>St. Louis, Mo. 63108</i>				5. TELEPHONE NUMBER <i>314 535-5579</i>	
6. TREASURER'S NAME <i>Jamalia M. Lott</i>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <i>4101 Washington Ave.</i> CITY/STATE/ZIP: <i>St. Louis, Mo. 63108</i>				8. TELEPHONE NUMBER HOME: <i>314 534-0641</i> WORK:	
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 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 AMENDMENT					
B. ACCOUNT NAME <i>MISSOURI ETHICS COMMISSION</i>		C. ACCOUNT NO.		AUG 28 2009	
15. TYPE OF COMMITTEE <input checked="" 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	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) <i>Terry Kennedy</i>		B. ELECTION DATE <i>March 2011</i>		C. OFFICE SOUGHT <i>Alderman 18th Ward</i>	
D. POLITICAL SUBDIVISION <i>City of St. Louis</i>		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	
D. SUPPORT <input type="checkbox"/>		E. OPPOSE <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		