



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

C101508  
MEC ID # 0052272

OFFICE USE ONLY

*80*

STATEMENT DATE August 17, 2010		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE 1st Ward Regular Democratic Committee					
4. COMMITTEE MAILING ADDRESS ADDRESS: 4968 Maffitt Place CITY / STATE / ZIP: St. Louis, MO 63113				5. TELEPHONE NUMBER 314-454-0148	
6. TREASURER'S NAME Sharon Tyus					
7. TREASURER'S MAILING ADDRESS ADDRESS: 4968 Maffitt Place CITY / STATE / ZIP: St. Louis, MO 63113				8. TELEPHONE NUMBER HOME: 314-454-01148 WORK: 314-454-0148	
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 Sterling Miller 4968 Maffitt Place 63113 President Joyce Fields 4933 Honke 63115 Secretary				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. Us Bank, Saint Louis, MO 1st Ward Regular Democratic Organization					
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input checked="" 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 N/A					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS N/A					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE N/A <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE					
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 N/A <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <u>Sharon Tyus</u> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <u>N/A</u> CANDIDATE'S SIGNATURE	

Missouri Ethics Commission  
AUG 23 2010