



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C101510

OFFICE USE ONLY
BB *HL*

STATEMENT DATE August 18, 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 Citizens to Elect Carol Howard					
4. COMMITTEE MAILING ADDRESS ADDRESS: PO Box 160073 CITY / STATE / ZIP: St. Louis, MO 63116				5. TELEPHONE NUMBER 314 832 7757 c. 314 639 6420	
6. TREASURER'S NAME Alexa Speropoulos					
7. TREASURER'S MAILING ADDRESS ADDRESS: 7142 Sharp Avenue CITY / STATE / ZIP: St. Louis, MO 63116				8. TELEPHONE NUMBER HOME: 314 832 7380 c. 314 956 7341 WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Laura Jean Owens <i>LJO</i>					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 8509 Rosemary CITY / STATE / ZIP: St. Louis, MO 63123				11. TELEPHONE NUMBER HOME: 314 352 3177 c. 314 348 0714 WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY)				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
A. NAME		B. ADDRESS		C. TITLE	
Lori Becker		4666 Varrelman		Manager	
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.	
Southern Commercial Bank 4914 Gravois Road St. Louis, MO 63116		Citizens to Elect Carol Howard			
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
Carol Howard		5367 Gilson Avenue		314 832 7757	Democrat
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	E. CHECK ONE SUPPORT F. OPPOSE
Carol Howard		11/2/2010	Alderman 14th Ward	City of St. Louis	<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. CHECK ONE SUPPORT F. OPPOSE
					<input type="checkbox"/> <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.		
 TREASURER'S SIGNATURE			 CANDIDATE'S SIGNATURE		

Missouri Ethics Commission
AUG 23 2010