



**MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C111052

OFFICE USE ONLY  
*Bob P*

STATEMENT DATE February 8, 2011	TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
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3. FULL NAME OF COMMITTEE: Committee to Elect Favazza

4. COMMITTEE MAILING ADDRESS ADDRESS: <u>6056 Sutherland</u> CITY / STATE / ZIP: <u>St. Louis, MO 63109</u>	5. TELEPHONE NUMBER <u>314.496.5025</u>
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6. TREASURER'S NAME: Mariano Favazza

7. TREASURER'S MAILING ADDRESS ADDRESS: <u>6056 Sutherland</u> CITY / STATE / ZIP: <u>St. Louis, MO 63109</u>	8. TELEPHONE NUMBER HOME: <u>314.496.5025</u> WORK: <u>314.721.2777</u>
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9. DEPUTY TREASURER'S NAME:  CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:	11. TELEPHONE NUMBER HOME: WORK:
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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
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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.

15. TYPE OF COMMITTEE  
 CANDIDATE     POLITICAL PARTY     POLITICAL ACTION (PAC)     CAMPAIGN     EXPLORATORY     DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)			
A. NAME	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY
<u>Mariano Favazza</u>	<u>6056 Sutherland St. Louis, MO 63109</u>	<u>314.496.5025</u>	<u>Democrat</u>

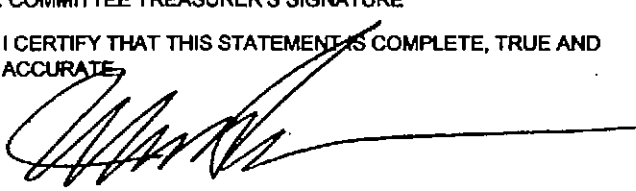
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)	
A. NAME	B. ADDRESS

18. CANDIDATES SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	E. SUPPORT	F. OPPOSE
<u>Mariano Favazza</u>	<u>March 8, 2011</u>	<u>16th Ward Alderman</u>	<u>City of St. Louis</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED				CHECK ONE	
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

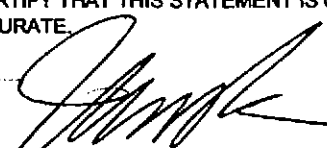
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.



TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.



CANDIDATE'S SIGNATURE

Missouri Ethics Commission  
FEB 14 2011