



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID #

CR1510

OFFICE USE ONLY

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STATEMENT DATE March 11, 2011		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 5,11, 18
3. FULL NAME OF COMMITTEE Citizens to Elect Carol Howard				
4. COMMITTEE MAILING ADDRESS ADDRESS: PO Box 160073 CITY / STATE / ZIP: St. Louis, MO 3116			5. TELEPHONE NUMBER 314 832 7757 314 630 6420( Cell)	
6. TREASURER'S NAME Alexa Speropoulos				
7. TREASURER'S MAILING ADDRESS ADDRESS: 7142 Sharp CITY / STATE / ZIP: St. Louis, MO 63116			8. TELEPHONE NUMBER HOME: 314 832 7380 WORK: 314 954 7341	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Laura Owens				
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 8509 Rosemary CITY / STATE / ZIP: St. Louis, MO 63123			11. TELEPHONE NUMBER HOME: 314 348 0714 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, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO. ik				
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> POLITICAL ACTION (PAC) <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 J. Howard 5367 Gilson Ave. 314 832 7757 Democrat				
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS Citizens to Elect Carol Howard PO box 160073 St. Louis, MO 63116				
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE Carol Howard 4/5/011 Alderman Ward 14 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. SUPPORT F. OPPOSE <b>AMENDMENT</b> <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		