



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C000450

OFFICE USE ONLY
Bos *ME*

STATEMENT DATE 9
3-8-2011

TYPE OF STATEMENT (CHECK ONE)
 NEW AMENDED

IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)

3. FULL NAME OF COMMITTEE Lyda Krewson for Alderman

4. COMMITTEE MAILING ADDRESS
ADDRESS: 502 Lake Avenue
CITY / STATE / ZIP: St. Louis, MO 63108

5. TELEPHONE NUMBER
314-367-9765

6. TREASURER'S NAME

7. TREASURER'S MAILING ADDRESS
ADDRESS:
CITY / STATE / ZIP:

8. TELEPHONE NUMBER
HOME:
WORK:

9. DEPUTY TREASURER'S NAME 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?
 YES NO 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.

AMENDMENT

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

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

3. CANDIDATES SUPPORTED OR OPPOSED
A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE
4-5-11

BALLOT MEASURE(S) SUPPORTED OR OPPOSED
A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE

COMMITTEE TREASURER'S SIGNATURE
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.
Harvey Citerman
TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.
Lyda Krewson
CANDIDATE'S SIGNATURE

MAR 15 2011