



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C000316

OFFICE USE ONLY

BB *JL*

STATEMENT DATE <b>3-18-11</b>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <b>Line 18</b>	
3. FULL NAME OF COMMITTEE <b>Terry Kennedy Campaign Committee</b>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <b>4101 Washington</b> CITY/STATE/ZIP: <b>ST. LOUIS, MO. 63108</b>			5. TELEPHONE NUMBER <b>314 535-5574</b>		
6. TREASURER'S NAME <b>Johnson Lancaster</b>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <b>4236 McPHERSON AVE.</b> CITY/STATE/ZIP: <b>ST. LOUIS, MO. 63108-2944</b>			8. TELEPHONE NUMBER HOME: <b>314-933-0274</b> WORK: <b>314-534-3434</b>		
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:		
<b>AMENDMENT</b>					
12. OTHER COMMITTEE OFFICERS (IF ANY)			13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE?		
A. NAME			B. ADDRESS		
			C. TITLE		
			<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.	
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>Terry Kennedy</b>		B. ADDRESS <b>4101 Washington</b> <b>ST. LOUIS, MO. 63108</b>		C. TELEPHONE NO. <b>314 535-5574</b>	POLITICAL PARTY <b>Dem.</b>
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME			B. ADDRESS		
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) <b>Terry Kennedy</b>		B. ELECTION DATE <b>4-05-11</b>	C. OFFICE SOUGHT <b>Alderman</b> <b>18th ward</b>	D. POLITICAL SUBDIVISION <b>St. Louis City</b>	CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)		
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.			I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.		
Missouri Ethics Commission			Missouri Ethics Commission		
<b>MAR 24 2011</b>					
TREASURER'S SIGNATURE			CANDIDATE'S SIGNATURE		