



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

C101510

OFFICE USE ONLY
BB J

MEC ID # C1011510

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|--|--|---|--|--|--|
| STATEMENT DATE 04/09/2011 | | TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED | | IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 6,9 | |
| 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 | |
| 6. TREASURER'S NAME Laura Owens | | | | | |
| 7. TREASURER'S MAILING ADDRESS ADDRESS: 8509 Rosemary CITY / STATE / ZIP: St. Louis, MO 63123 | | | | 8. TELEPHONE NUMBER HOME: 314 348 0714 WORK: | |
| 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: | |
| 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. | | | | | |
| 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 Dem. | |
| 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 J. Howard | | 04/05/2011 3-3 2015 | | City of St. Louis Aldeman, Ward 14 City of St. Louis | |
| 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 | | | | | |
| CHECK ONE <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE | | | | | |
| 20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. Missouri Ethics Commission APR 13 2011 <i>Laura J Owens</i> TREASURER'S SIGNATURE | | | | 21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND <i>Carol J Howard</i> CANDIDATE'S SIGNATURE | |