



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # \_\_\_\_\_ C000450

OFFICE USE ONLY  
*bb* *DR*

STATEMENT DATE 04/08/2011	TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 18
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 <input 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 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		
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME                                  B. ADDRESS		
AMENDMENT		
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) Lyda Krewson		
B. ELECTION DATE 03/03/2015		C. OFFICE SOUGHT 28th Ward Alderman
D. POLITICAL SUBDIVISION City of St Louis		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
E. SUPPORT <input type="checkbox"/>		F. OPPOSE <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.
 APR 19 2011 TREASURER'S SIGNATURE		 CANDIDATE'S SIGNATURE