



Missouri Ethics Commission (MEC)  
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: AB SA

# Statement of Committee Organization

## 1. Statement Information

Date: 3/30/2012  
 Type:  New  Amended (if amending, enter MEC ID C041296 & section changed 3)

## 2. Committee Information

Name of Committee: 20TH WARD DEMOCRATIC ORGANIZATION  
2241 Keokuk St., St. Louis, MO 63118 Telephone Number: (314) 664-7086  
ST. LOUIS CITY  
 County Clerk or Board of Election Commissioners

Committee Type:  Campaign  Candidate  Debt Service  Exploratory  Political Action (PAC)  Political Party

## 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): LORRAINE URA Treasurer's Email Address (optional): N/A  
2241 KEOKUK ST., ST. LOUIS, MO 63118 Treasurer's Home Telephone Number: (314) 664-7086 Treasurer's Work Telephone Number: ( )  
 Deputy Treasurer's Name (if one appointed): DALE SWEET Deputy Treasurer's Email Address (optional): ( )  
3512 S. COMPTON AVE. Dep. Treasurer's Home Telephone Number: (314) 771-5030 Dep. Treasurer's Work Telephone Number: ( )  
ST. LOUIS, MO 63118

## 4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): AMENDMENT  
 Additional Committee Officer's Mailing Address, City, State, & Zip: Missouri Ethics Commission  
 Connected Organization's Name (if any): AMENDMENT Connected Organization's Mailing Address, City, State, & Zip: APR 02 2012

CANDIDATES: Do you have more than one candidate committee?  Yes (refer to instructions on back)  No

## 5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution: \_\_\_\_\_ Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

## 6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: \_\_\_\_\_ Telephone Number (Candidate Committees Only): \_\_\_\_\_  
 Election Date: \_\_\_\_\_ Office Sought & Political Subdivision: \_\_\_\_\_ Political Party: \_\_\_\_\_ Support or Oppose: \_\_\_\_\_

## 7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: \_\_\_\_\_ Election Date & Political Subdivision: \_\_\_\_\_ Support or Oppose: \_\_\_\_\_

## 8. Signature(s) Check certification(s) & sign (required by all committees)

We certify that this statement is complete, true and accurate.  
 E-File: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.

Lorraine Ura Committee Treasurer  
 \_\_\_\_\_ Candidate (Candidate Committees Only)