



Office Use: [Handwritten initials]

Statement of Committee Organization

1. Statement Information

Date: 1/4/2013
Type: [ ] New [X] Amended (if amending, enter MEC ID C101508 & section changed 3)

2. Committee Information

1st Ward Regular Democratic Organization
Name of Committee
4968 Maffitt Place (314) 454-0148
Committee Mailing Address, City, State, & Zip Telephone Number
Official Committee Email Address
St. Louis City Board of Elections
County Clerk or Board of Election Commissioners
Committee Type: [ ] Campaign [ ] Candidate [ ] Continuing (PAC) [ ] Debt Service [ ] Exploratory [X] Political Party

3. Treasurer/Deputy Treasurer Information

Sterling S. Miller
Treasurer's Name (First & Last)
4968 Maffitt Place, St. Louis, MO 63113
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
(314) 367-2374 (314) 367-2374
Treasurer's Home Telephone Number Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed)
Deputy Treasurer's Mailing Address, City, State, & Zip
Deputy Treasurer's Email Address (optional)
Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)
AMENDMENT
Additional Committee Officer's Mailing Address, City, State, & Zip
Connected Organization's Name (if any)
Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? [ ] Yes (refer to instructions on back) [X] 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)

[X] I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

[Handwritten Signature]
Committee Treasurer Candidate (Candidate Committees Only)