



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

Office Use:

Handwritten initials/signature in office use box

Statement of Committee Organization

1. Statement Information

Date: 4-12-13

Type: [] New [X] Amended (if amending, enter MEC ID C0000878 & section changed 1)

2. Committee Information

SIXTH WARD DEMOCRATIC ORGANIZATION

Name of Committee

P.O. Box 775367

Committee Mailing Address, City, State, & Zip

(636) 578-4988 Telephone Number

Official Committee Email Address

ST. LOUIS CITY County Clerk or Board of Election Commissioners

Committee Type: [] Campaign [] Candidate [X] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

HENRY GRAY

Treasurer's Name (First & Last)

2826 EADS AVE, ST. LOUIS, MO 63104

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(636) 578-4988

Treasurer's Home Telephone Number

(314) 994-7699

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDMENT

Additional Committee Officer's Name & Title (if any)

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) [] 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)

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.

Committee Officer

Candidate (Candidate Committees Only)