



Office Use: [Handwritten initials]

Statement of Committee Organization

1. Statement Information

Date: 7/28/2014
Type: [] New [X] Amended (if amending, enter MEC ID C000450 & section changed 3 (address only))

2. Committee Information

Name of Committee: Lyda Krewson for AlderMAN

Committee Mailing Address, City, State, & Zip: _____ Telephone Number: _____

Official Committee Email Address: _____ County Clerk or Board of Election Commissioners: _____

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): 7 Portland Court, St. Louis, MO 63108
Treasurer's Email Address (optional): _____
Treasurer's Home Telephone Number: _____ Treasurer's Work Telephone Number: _____

Deputy Treasurer's Name (if one appointed): _____
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: _____

Missouri Ethics Commission
AUG 04 2014

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.

Committee Treasurer: Harvey C. Herman

Candidate (Candidate Committees Only): Lyda Krewson