



Office Use:

JA

Statement of Committee Organization

1. Statement Information

Date: 10/1/2014
 Type: New Amended (if amending, enter MEC ID C000885 & section changed Mailing address Treasurer/Deputy)

2. Committee Information

Name of Committee: 14th Ward Regular Democratic Organization
 Committee Mailing Address, City, State, & Zip: 6035 Hoffman Ave. St. Louis 63139
 Telephone Number: (314) 541-8929
 County Clerk or Board of Election Commissioners: City of St. Louis

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): LORAINÉ CAVIN
 Treasurer's Mailing Address, City, State, & Zip: 6035 HOFFMAN AVE.
 Treasurer's Home Telephone Number: (314) 645-8979
 Treasurer's Work Telephone Number: (314) 541-8929
 Deputy Treasurer's Name (if one appointed): ANGELO SITA
 Deputy Treasurer's Mailing Address, City, State, & Zip: 6439 VILLA ST. LOUIS, MO 63139
 Dep. Treasurer's Home Telephone Number: (314) 781-9291
 Dep. Treasurer's Work Telephone Number: ()

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): same
 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: B2ME
 Account Name: _____
 Account Number: _____

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

Name & Mailing Address, City, State & Zip of Candidate: same
 Telephone Number (Candidate Committees Only): Amendment
 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.

Lorraine M. Cavin
 Committee Treasurer
 Candidate (Candidate Committees Only)