



Office Use: *BB JL*

# Statement of Committee Organization

**1. Statement Information**

Date: 11/10/2015

Type:  New  Amended (if amending, enter MEC ID C101510 & section changed 2)

**2. Committee Information**

**CITIZENS TO ELECT CAROL HOWARD**

Name of Committee

5367 GILSON AVE, SAINT LOUIS, MO 63116

Committee Mailing Address, City, State, & Zip

(314) 630 6420

Telephone Number

CITY OF SAINT LOUIS

County Clerk or Board of Election Commissioners

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

**3. Treasurer/Deputy Treasurer Information**

**LAURA J. OWENS**

Treasurer's Name (First & Last)

5361 GILSON AVE ST. LOUIS, MO 63116

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

NONE

Deputy Treasurer's Name (if one appointed)

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

Treasurer's Email Address (optional)

(314) 348 0714

Treasurer's Home Telephone Number

( )

Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional)

( )

Dep. Treasurer's Home Telephone Number

( )

Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

NONE

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

**AMENDMENT**

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)**

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

**CAROL J HOWARD**

Name & Mailing Address, City, State & Zip of Candidate

(314) 832 7757

Telephone Number (Candidate Committees Only)

03/03/15 PRIMARY 04/07/15 GENERAL

ALEDERMAN WARD 14 CITY OF ST. LOUIS

**DEMOCRAT**

Political Party

Support or Oppose

Election Date

Office Sought & Political Subdivision

3-5-19

**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.

Laura J. Owens  
 Committee Treasurer

Carol J. Howard  
 Candidate (Candidate Committees Only)