



Office Use: BB SH

Statement of Committee Organization

1. Statement Information

Date: 04/07/16

Type: New Amended (if amending, enter MEC ID C000882 & section changed 2,3)

2. Committee Information

Name of Committee: 25th Ward Regular Democratic Club

Committee Mailing Address, City, State, & Zip: 3834 Kingsland Court STL, MO 63116 Telephone Number: (314) 629-3886

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): Lori Lamprich

Treasurer's Mailing Address, City, State, & Zip: 3834 Kingsland Court, ST LOUIS, MO 63116 Treasurer's Home Telephone Number: (314) 629 3886 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

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) No

5. Official Bank Account Information (required by all committees)

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 Treasurer: [Signature]

Candidate (Candidate Committees Only): _____