



Missouri Ethics Commission
 JUN 06 2016

Statement of Committee Organization

1. Statement Information

Date: 05/05/16
 Type: New Amended (if amending, enter MEC ID A161388 & section changed _____)

2. Committee Information

Name of Committee: Friends To Elect Norma J. Walker
 Committee Mailing Address, City, State, & Zip: 5501 St. Louis Ave 2nd flr St Louis, MO 63120
 Telephone Number: (314) 713-7078

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): NORMA J WALKER
 Treasurer's Mailing Address, City, State, & Zip: 5501 St. Louis Ave 2nd flr St Louis MO 63120
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (314) 713-7078
 Treasurer's Work Telephone Number: (314) 713-7078
 Deputy Treasurer's Name (if one appointed): N/A
 Deputy Treasurer's Mailing Address, City, State, & Zip: N/A
 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): N/A
 Additional Committee Officer's Mailing Address, City, State, & Zip: N/A
 Connected Organization's Name (if any): N/A
 Connected Organization's Mailing Address, City, State, & Zip: N/A

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: Norma J Walker 5501 St. Louis Ave St. Louis MO 63120
 Telephone Number (Candidate Committees Only): (314) 713-7078
 Election Date: 05/02/16
 Office Sought & Political Subdivision: Committee Woman 22nd Ward
 Political Party: DEM
 Support or Oppose: Support

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: _____
 Candidate (Candidate Committees Only): _____