



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: *bb De*

Statement of Committee Organization

1. Statement Information

Date: 6/14/16
 Type: New Amended (if amending, enter MEC ID C000450 & section changed 2,3,5,6)

2. Committee Information

Name of Committee: Lyda Krewson for Mayor
 Address: 502 Lake Ave, St. Louis, MO 63108 Telephone Number: (314) 607-3452
 Official Committee Email Address: _____
 County Clerk or Board of Election Commissioners: St. Louis City Board of Elections
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): _____
 Treasurer's Mailing Address, City, State, & Zip: Clare Hudec
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: 409 N. 15th St, St. Louis, MO 63103
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: () Treasurer's Work Telephone Number: ()
 Deputy Treasurer's Home Telephone Number: (314) 494-2917 Deputy Treasurer's Work Telephone Number: ()

4. Additional Committee Information

AMENDMENT
 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: _____
 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: Lyda Krewson, 502 Lake Ave, St. Louis, MO 63108
 Telephone Number (Candidate Committees Only): (314) 607-3452
 Election Date: 3/7/2017 Office Sought & Political Subdivision: Mayor, City of St. Louis
 Political Party: Democrat 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: Clare Hudec 6/14/16 Candidate (Candidate Committees Only): Lyda Krewson 6/14/16