



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

Missouri Ethics Commission

APR 05 2018

Statement of Committee Organization

1. Statement Information

Date: 3/31/18
Type: [] New [x] Amended (if amending, enter MEC ID C041296 & section changed 2 and 3)

2. Committee Information

20th Ward Democratic Organization
Name of Committee
3503 Louisiana Ave., St. Louis, MO 63118
(314) 771-5030
Telephone Number
St. Louis City Board of Election Commissioners
County Clerk or Board of Election Commissioners
Committee Type: [] Campaign [] Candidate [x] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Nancy Stopke
Treasurer's Name (First & Last)
3200 Miami St., St. Louis, MO 63118
Treasurer's Mailing Address, City, State, & Zip
Dale Sweet
Deputy Treasurer's Name (if one appointed)
3503 Louisiana Ave., St. Louis, MO 63118
Deputy Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
(314) 398-0702
Telephone Number
Deputy Treasurer's Email Address (optional)
(314) 771-5030
Dep. Treasurer's Home Telephone Number
(314) 772-2889
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) [x] No

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

Name & Mailing Address, City, State, & Zip of Financial Institution
Account Name
Account Number

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)

[x] 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.

Nancy Stopke
Committee Treasurer
Candidate (Candidate Committees Only)