

APR 12 2018

Office Use *[Signature]* *[Signature]*



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

# Statement of Committee Organization

### 1. Statement Information

Date: 04/05/2018  
Type:  New  Amended (if amending, enter MEC ID C000885 & section changed 3 - No Deputy Treasurer)

### 2. Committee Information

24th Ward Regular Democratic Organization  
Name of Committee  
6635 Hoffman Ave, St Louis MO 63139 (314) 541-8929  
Committee Mailing Address, City, State, & Zip Telephone Number

City of St Louis  
County Clerk or Board of Election Commissioners

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

### 3. Treasurer/Deputy Treasurer Information

Loraine Cavin  
Treasurer's Name (First & Last)  
6635 Hoffman Ave, St Louis MO 63139  
Treasurer's Mailing Address, City, State, & Zip  
NONE  
Deputy Treasurer's Name (if one appointed)  
NONE  
Deputy Treasurer's Mailing Address, City, State, & Zip  
(314) 645-8979 (314) 541-8929  
Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
NONE  
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) \_\_\_\_\_  
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

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)

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.

Loraine M. Cavin  
Committee Treasurer

\_\_\_\_\_  
Candidate (Candidate Committees Only)