

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

Statement of Committee Organization

Office Use:	
A201423	

Statement Informati	on			
Date: <u>06/15/2020</u>				
Type: New	Amended (if amending, enter MEC ID	& section changed		
Committee Informat	ion			
Norma Elect Walker Name of Committee				
	501 St Louis Ave 2nd Flr St. Louis, MO 63120		(314) 713-7078	
Committee Mailing Address, City,	•		Telephone Number	
[REDACTED] Official Committee Email Address		St. Louis City Board of Elections County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee		
Committee Type:	Campaign Candidate Continu	ing(PAC) Debt Service		
Treasurer/Deputy Tre	easurer Information			
Norma Walker		[REDACTED]		
Treasurer's Name (First & Last)		Treasurer's Email Address (optional)		
Treasurer's Mailing Address, City,	d FIr St. Louis, MO 63120 State, & Zip	(314) 713-7078 Phone 1	Phone 2	
		[REDACTED]		
Deputy Treasurer's Name (if one	appointed)	Deputy Treasurer's Email Address (option	aal)	
Deputy Treasurer's Mailing Addre	ess, City, State, & Zip	Phone 1	Phone 2	
Additional Committe	e Information			
Additional Committee Officer's N	ame & Title (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip Connected Organization's Mailing Address, City, State, & Zip		
Connected Organization's Name ((if any)			
CANDIDATES: Do you	have more than one candidate committee	e? Yes (refer to instruction	ns on back)	
Official Bank Account	: Information (required by all committees		<u> </u>	
[REDACTED]		[REDACTED]	[REDACTED]	
Name & Mailing Address, City, State, & Zip of Financial Institution		Account Name	Account Number	
	or Opposed (candidate committees mus	·		
Norma Walker 5501 St Louis Ave 2nd Flr St. Louis, MO 63120		(314) 713-7078		
Name & Mailing address, City, State, & Zip of Candidate		Phone 1	Phone 2	
08/04/2020	Committeewoman/City of	Democrat		
Election Date	St. Louis Office Sought & Political Subdivision	Political Party	Support or Oppose	
Ballot Measure Suppo	orted or Opposed (campaign committees	must complete this section)		
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
Signature(s) Check ce	rtification(s) & sign (required by all comn	nittees)		
■affirm and attest u	under penalty of perjury that information a	and facts in this report are comp		
ELECTRONICALLY FILED Jun 15 2020 02:41 PM Committee Treasurer		ELECTRONICALLY FILED Jun 15 2020 02:41 PM		
		Candidate (Candidate Committees Only)		