

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:	
C222192	

1.	Statement Information			
	Date: <u>07/08/2022</u>			
	Type: New Amended (if amending, enter MEC ID	& section char	nged)	
2.	Committee Information			
	22nd Ward Organization			
	Name of Committee		(0.4.1) = 40 = 000	
	5501 Saint Louis Ave 2nd Flr Saint Louis, MO 63120 Committee Mailing Address, City, State, & Zip		(314) 713-7078 Telephone Number	
	[REDACTED]	St. Louis City Board of Election	ns	
	Official Committee Email Address	County Clerk, Board of Election Commissioner	·	
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Exp	Political Pary	
3.	Treasurer/Deputy Treasurer Information			
	Norma Walker	[REDACTED]		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	5501 Saint Louis Ave 2nd Flr Saint Louis, MO 63120	(314) 713-7078	Dhara 2	
	Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2	
	Deputy Treasurer's Name (if one appointed)	[REDACTED] Deputy Treasurer's Email Address (optional)		
	Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2	
4.	Additional Committee Information			
	Additional Committee Officer's Name & 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?	lidate committee? Yes (refer to instructions on back) No		
5.	Official Bank Account Information (required by all committees)			
	[REDACTED]	[REDACTED]	[REDACTED]	
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number	
6.	Candidate Supported or Opposed (candidate committees must in	iclude self, if candidate)		
	Name & Mailing address, City, State, & Zip of Candidate	Dhone 1	Dhana 2	
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees mo	ust complete this section)		
		•		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	Signature(s) Check certification(s) & sign (required by all commit	tees)		
	■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.			
	ELECTRONICALLY FILED Jul 9 2022 08:12 PM	ELECTRONICALLY FILED Jul 9 2	2022 08:12 PM	
	Committee Treasurer	Candidate (Candidate Committees Only)		