



**MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID# 10091027

OFFICE USE ONLY  
*mg* **17**

STATEMENT DATE <u>January 19 2009</u>		1. TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 2.	
3. FULL NAME OF COMMITTEE <u>Citizens To Elect Sharon Tyos</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>4968 Moffitt Place</u> CITY / STATE / ZIP: <u>St. Louis, MO 63143</u>				5. TELEPHONE NUMBER <u>314-454-0148</u>	
6. TREASURER'S NAME <u>Sterling S. Miller</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>4968 Moffitt Place</u> CITY / STATE / ZIP: <u>St. Louis, MO 63143</u>				8. TELEPHONE NUMBER HOME: <u>314-367-2374</u> WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP: <u>N/A</u>				11. TELEPHONE NUMBER HOME: WORK: <u>N/A</u>	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE <u>N/A</u>   <u>N/A</u>   <u>N/A</u>				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVINGS & LOAN, OR CREDIT UNION <u>U.S. Bank</u> <u>Saint. Louis, MO</u>					
B. ACCOUNT NAME <u>Citizens to Elect Sharon Tyos</u>					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME <u>N/A</u>				B. ADDRESS	
C. TELEPHONE NO.				POLITICAL PARTY <u>Dem</u>	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME <u>N/A</u>					
B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) <u>N/A</u>		B. ELECTION DATE <u>3.3.09</u>		C. OFFICE SOUGHT <u>alderman</u> <u>Ward 1</u>	
D. POLITICAL SUBDIVISION <u>City of St. Louis</u>		CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>			
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) <u>N/A</u>		B. ELECTION DATE		C. SUBJECT AND POLITICAL SUBDIVISION	
CHECK ONE D. SUPPORT <input type="checkbox"/> E. OPPOSE <input type="checkbox"/>					
20. TREASURER'S STATEMENT (ALL COMMITTEES) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <u>Sterling S. Miller</u> TREASURER'S SIGNATURE			21. CANDIDATE'S STATEMENT (CANDIDATE & EXPLORATORY COMMITTEES) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  MISSOURI ETHICS COMMISSION <u>JAN 26 2009</u> CANDIDATE'S SIGNATURE		