



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID# C 101361

OFFICE USE ONLY
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STATEMENT DATE MAY 22 2010		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE NELSON FOR COUNTY COUNCIL					
4. COMMITTEE MAILING ADDRESS ADDRESS: CITY / STATE / ZIP: POST OFFICE BOX 220231 KIRKWOOD MO 63122				5. TELEPHONE NUMBER 314.821.1312	
6. TREASURER'S NAME VALERY STARR					
7. TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP: POST OFFICE BOX 220231 KIRKWOOD MO 63122				8. TELEPHONE NUMBER HOME: 314.822.8731 WORK: 314.724.4030 CELL	
9. DEPUTY TREASURER'S NAME KARL UNSWORTH <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP: POST OFFICE BOX 220231 KIRKWOOD MO 63122				11. TELEPHONE NUMBER HOME: 314.965.7660 WORK: 314.495.6747 CELL	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION USBANK 470 NORTH KIRKWOOD ROAD KIRKWOOD MO 63122					
		B. ACCOUNT NAME NELSON FOR COUNTY COUNCIL		C. ACCOUNT NO.	
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 ROBERT "BOB" NELSON		B. ADDRESS 1320 EVANS AVE KIRKWOOD MO		C. TELEPHONE NO. 314.821.1312	D. POLITICAL PARTY DEM
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) ROBERT "BOB" NELSON		B. ELECTION DATE 08/03/2010	C. OFFICE SOUGHT COUNTY COUNCIL 3RD DIST	D. POLITICAL SUBDIVISION 3RD DISTRICT ST LOUIS CO.	CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Valery Starr</u> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Robert Nelson</u> CANDIDATE'S SIGNATURE	