



Missouri Ethics Commission (MEC)  
 PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov  
**Statement of Committee Organization**

MO Ethics Commission  
 Office Use: JUN 3 2022  
 Rec'd by email

**1. Statement Information**

Date: 06/02/2022  
 Type:  New  Amended (if amending, enter MEC ID C091068 & section changed 3-Treasurer)

**2. Committee Information**

House Republican Campaign Committee, Inc.  
 Name of Committee:  
 PO Box 1313, Jefferson City, MO 65102-1313 (314) 394-3370  
 Telephone Number

Official Committee Email Address \_\_\_\_\_ County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

Kevin Corlew  
 Treasurer's Name (first & last) \_\_\_\_\_ treasurer's email address (optional) \_\_\_\_\_  
 200 NW Englewood Rd, Ste. A, Kansas City, MO 64118 ( ) (816) 710-6900  
 Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_ ber  
 Mark Milton  
 Deputy Treasurer's Name (if one appointed) \_\_\_\_\_ deputy treasurer's email address (optional) \_\_\_\_\_  
 12026 Manchester Road, St. Louis, MO 63131 ( ) (314) 394-3370  
 Deputy Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_ Dep. Treasurer's Home Telephone Number \_\_\_\_\_ Dep. Treasurer's Work Telephone Number \_\_\_\_\_

**4. Additional Committee Information**

Additional Committee Officer's Name & Title (if any) \_\_\_\_\_ Amendment  
 Additional Committee Officer's Name, 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 Information (required by all committees)**

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.

Kevin R. Corlew  
 Committee Treasurer \_\_\_\_\_ Candidate (Candidate Committees Only) \_\_\_\_\_