MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C000621

OFFICE USE ONLY

STATEMENT DATE	TYPE OF STATEMENT (CHECK ONE)	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
08/27/09	☐ NEW ☑ AMENDED	4,5,6,7,8,9,

3. FULL NAME OF COMMITTEE: Missouri State Council of Fire Fighters PAC

4. COMMITTEE MAILING ADDRESS
ADDRESS: 29210 SE County Rd. AA
CITY / STATE / ZIP: Blue Springs, Mo 64014

5. TELEPHONE NUMBER: 816-935-4027

6. TREASURER'S NAME: Kirk Lair

7. TREASURER'S MAILING ADDRESS
ADDRESS: 29210 SE County Rd. AA
CITY / STATE / ZIP: Blue Springs, Mo 64014

8. TELEPHONE NUMBER
HOME:
WORK: 816-935-4027

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9. DEPUTY TREASURER'S NAME: Mark Habbas ☐ CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS
ADDRESS: 115 MCMENAMY RD
CITY / STATE / ZIP: ST PETERS MO 63376

11. TELEPHONE NUMBER
HOME: 314-3939757
WORK:

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?
☐ YES ☐ NO ☐ N/A

14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)

A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION	B. ACCOUNT NAME	C. ACCOUNT NO.
St. Louis Bank 14323 S. Outer Road Towne & Country, MO 63017	Mo State Council of Fire Fighters PAC Fund	

15. TYPE OF COMMITTEE
☐ CANDIDATE ☐ POLITICAL PARTY ☑ CONTINUING ☐ CAMPAIGN ☐ EXPLORATORY ☐ DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)

A. NAME	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)

A. NAME	B. ADDRESS

18. CANDIDATES SUPPORTED OR OPPOSED

A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT	F. OPPOSE
				☐	☐

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	F. OPPOSE
			☐	☐

20. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Kirk Lair

TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

CANDIDATE'S SIGNATURE