



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C091068

OFFICE USE ONLY
<i>JS</i>

STATEMENT DATE May 1, 2011	TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 9, 11
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3. FULL NAME OF COMMITTEE House Republican Campaign Committee Inc

4. COMMITTEE MAILING ADDRESS ADDRESS: CITY / STATE / ZIP :	5. TELEPHONE NUMBER
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6. TREASURER'S NAME

7. TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP :	8. TELEPHONE NUMBER HOME: WORK:
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9. DEPUTY TREASURER'S NAME Cherie Snyder CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: <u>PO BOX 1313</u> CITY / STATE / ZIP: <u>JCMO 65102</u>	11. TELEPHONE NUMBER HOME: WORK: <u>573-635-3100</u>
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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 type="checkbox"/> NO <input type="checkbox"/> N/A
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14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)

A. NAME & ADDRESS OF BANK, SAVINGS BANK OR CREDIT UNION	B. ACCOUNT NAME	C. ACCOUNT NO.
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AMENDMENT

15. TYPE OF COMMITTEE

CANDIDATE POLITICAL PARTY POLITICAL ACTION (PAC) CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)

A. NAME	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY
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17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)

A. NAME	B. ADDRESS
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18. CANDIDATES SUPPORTED OR OPPOSED

A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
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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"/>	
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20. COMMITTEE TREASURER'S SIGNATURE

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

Cherie Snyder
TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

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

MISSOURI ETHICS COMMISSION

JUN 22 2011

_____ HAND DELIVERED

CANDIDATE'S SIGNATURE