

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

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Statement of Committee Organization

1.	Statement Information			
Date: 07/30/2013				
	Type: New Amended (if amending, enter MECID COS	91061 & section ch	$\frac{2, 3}{}$	
2.	Committee Information	e e grande de la companya de la comp		
	Scott Sifton for State Senate			
	PO Box 4396, St. Louis, MO 63123		.314.544-1123	
	Committee Mailing Address, City. State. & Zip		(314) 544-1123 Telephone Number	
		St. Louis County Bd.	of Election Comm'ners	
	Official Committee Email Address	County Clerk or Board of Election Commissi	oners	
	Committee Type: Campaign 🗸 Candidate Continuing (PAC) Debt Service Exploratory Political Party			
3.	Treasurer/Deputy Treasurer Information			
	Timothy Kinealy CPA			
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	044 544 4400	
	9785 Mackenzie Road, Ste. 100, St. Louis, MO 63123 Treasurer's Mailing Address, City, State, & Zip	(314) 631-4513	(314) 544-1123	
	Scott Sifton	Treasurer's Home Telephone Number	reasurer's work relephone number	
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional	l)	
	9748 Bexley Station Dr., Unit G, St. Louis, MO 63123	(314)631-0445	(314) 480-1500	
	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 Mailing Address, City, State, & Zip			
	AWIENDINEN			
	Connected Organization's Name (if any)	Connected Organization's Mailing Address,	City, State, & Zip	
_	CANDIDATES: Do you have more than one candidate committee		ı 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	t include self, if candidate)		
	Scott Sifton, 9748 Bexley Station Dr., Unit G, St. Louis, MO 63123	(314) 480-1500	(
	Name & Mailing Address, City, State & Zip of Candidate 8/2/16 Senate, Dist. 1	Telephone Number (Candidate Committee: Democrat	Support	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7	Ballot Measure Supported or Opposed (campaign committees	······································		
٠.	ballot Measure Supported or Opposed (campaign committees	must complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
2	Signature(s) Check certification(s) & sign (required by all com	mittees)		
	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.			
	1 - 1 K . 1 C . D			
	1 Committee Treasurer (PH Committee Treasurer	Candidate (Candidate Committees Only)		

MO 300-1308 Packet (Rev. 07/2013) Form must be completed in full & contain original signature(s), fax filings are not accepted.

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