

Missouri Ethics Commission (MEC)

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

Office Use: BB

Statement of Committee Organization

1.	Statement Information		4
	Date: 01/29/2014		
Type: New Amended (if amending, enter MEC ID HILLOW & section changed			nanged)
2.	mmittee Information		
	ommittee to Elect Dave Hinman		
	Name of Committee		, 636 ₎ 978-9567
	Committee Mailing Address, City, State, & Zip	Stage Coach Landing Drive, St. Peters MO 63376	
		St. Charles County	
	Official Committee Email Address	County Clerk or Board of Election Commiss	ioners
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Exp	loratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Kathy Hinman		
	Treasurer's Name (First & Last)	(reasurer s email Address (optional)	044 400 4050
	217 Stage Coach Landing Drive, St. Peters MO 63376	(636) 978-9567	(314) 428-1059
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional	0
		(me)	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
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	Additional Committee Officer's Name & Title (If any)	Additional Committee Officer's Mailing Add	ress, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address,	
E	CANDIDATES: Do you have more than one candidate committee		back) No
э.	Official Bank Account Information (required by all committees	>) 	
_	Name & Malling Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees mus		
	Dave Hinman, 217 Stage Coach Landing Drive, St. Peters MO 63376 Name & Mailing Address, City, State & Zip of Candidate	(636) 978-9567 Telephone Number (Candidate Committees	Only
	04/08/2014 Councilman Ward 1, City of O'Fallon	N/A	Support
	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
3.	Signature(s) Check certification(s) & sign (required by all com	ımittees)	A contract of
■ 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 a ware that any false statement or declaration made herein is nunishable under Ch. 575 RSMo.		
	Kathy Hinman	thy Hinman Land Dave Hinman Dave A	
	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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