

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

Office Use:	

## **Statement of Committee Organization**

1.	Statement Information Date: May 16, 2014				
	Type: New Amended (if amending, enter MEC ID <u>C 14 13 2 4</u> & section changed)				
2.	Example Summer				
	18161 Meramec Vista Lane, Pacific, MO 63069		(314)402-9000		
		St. Louis County Board of	Telephone Number Election Commissioners		
	Committee Type: Campaign Candidate Continuing (F	County Clerk or Board of Election Commission PAC) Debt Service Explo			
3.	Treasurer/Deputy Treasurer Information				
	Kylie Hageman  Treasurer's Name (First & Last)  18162 Meramec Vista Lane, Pacific, MO 63069  Treasurer's Mailing Address, City, State, & Zip  n/a	Treasurer's Email Address (optional) (636) 587-2823 Treasurer's Home Telephone Number n/a	() n/a Treasurer's Work Telephone Number		
	Deputy Treasurer's Name (if one appointed)  n/a	Deputy Treasurer's Email Address (optional)	, \n/a		
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number		
4.	Additional Committee Information				
	n/a	n/a			
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ss, City, State, & Zip		
	n/a Connected Organization's Name (if any)	n/a Connected Organization's Mailing Address, Cli	ty, State, & Zip		
	CANDIDATES: Do you have more than one candidate committee?	· ·			
5.	Official Bank Account Information (required by all committees)	res (refer to mistractions on b	ack) Line 140		
	.L				
	N <sub>t</sub>	Account Name	Account Number		
5.	Candidate Supported or Opposed (candidate committees must Kirk Mathews 18161 Maranec Vistaliane Rectic Ma Name & Mailing Address, City, State & Zip of Candidate	402 <b>-</b> 9000 (314)	( <u>)</u> n/a		
	Name & Mailing Address, City, State & Zip of Candidate  08/05/2014  State Rep. 110th District	Telephone Number (Candidate Committees Or Republican	Support		
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose		
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)			
	n/a	n/a	n/a		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose		
.	Signature(s) Check certification(s) & sign (required by all comm	ittees)			
•	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.  Committee Treasurer  N. 1330URI ETHICS COMMISSION 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. MAY 1 9 2014