



Office Use: AB PL

# Statement of Committee Organization

**1. Statement Information**

Date: JULY 9 2014

Type:  New  Amended (if amending, enter MEC ID C141324 & section changed TREASURER)

**2. Committee Information**

Name of Committee: FRIENDS OF KIRK MATHENS

Name of Committee

Committee Mailing Address, City, State, & Zip

Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last): JOSHUA (JOSH) REED

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

Treasurer's Mailing Address, City, State, & Zip: 16246 MARINA DEL RAY LANE GROVER, MO 63040

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Home Telephone Number: (636) 821-1040

Treasurer's Home Telephone Number

Treasurer's Work Telephone Number: (636) 207-5700

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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 Name & Title (if any): AMENDMENT

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee?  Yes (refer to instructions on 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 include self, if candidate)**

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

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

**8. Signature(s) Check certification(s) & sign (required by all committees)**

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.

[Signature]

Committee Treasurer

[Signature]

Candidate (Candidate Committees Only)