



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

Office Use: BH DL

Statement of Committee Organization

Missouri Ethics Commission

OCT 10 2014

1. Statement Information

Date: 10/3/14

Type: New Amended (if amending, enter MEC ID C141338 & section changed 3, 6, 8)

2. Committee Information

Page for Missouri

Name of Committee

se 17 Windsor Terrace Lane Creve Coeur MO 63141 (314) 989 9938

Committee Mailing Address, City, State, & Zip

Telephone Number

Official Committee Email Address

St. Louis County
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Sam Page

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

se 17 Windsor Terrace Lane Creve Coeur MO 63141 (314) 989 9938 (636) 386 9224 x270

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)

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)

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

Connected Organization's Name (if any)

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

AMENDMENT

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)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Sam Page 17 Windsor Terrace Ln creve coeur MO 63141 (314) 989 9938

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

Telephone Number (Candidate Committees Only)

8/2/2016

County Council
 2nd District

Democrat

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

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.

Sam Page

Sam Page

Committee Treasurer

Candidate (Candidate Committees Only)