



Office Use: *BB [Signature]*

Statement of Committee Organization

1. Statement Information

Date: 11/10/2014
 Type: New Amended (if amending, enter MEC ID C091061 & section changed 2, 3, 5, 6)

2. Committee Information

Sifton for Missouri
 Name of Committee
PO Box 4396 (314) 544-1123
 Committee Mailing Address: City, State, & Zip Telephone Number
St. Louis County Bd. of Election Comm'ners
 County Clerk or Board of Election Commissioners
 Official Committee Email Address
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Timothy Kinealy CPA
 Treasurer's Name (First & Last)
9785 Mackenzie Road, Ste. 100, St. Louis, MO 63123
 Treasurer's Mailing Address, City, State, & Zip
Scott Sifton
 Deputy Treasurer's Name (if one appointed)
7834 Oakwyck Dr., St. Louis, MO 63123
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional)
(314) 631-4513 (314) 544-1123
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Deputy Treasurer's Email Address (optional)
() N/A (314) 480-1500
 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDMENT
 Additional Committee Officer's Name & Title (if any)
 Connected Organization's Name (if any)
 Additional Committee Officer's Mailing Address, City, State, & Zip
 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)

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

Scott Sifton, 7834 Oakwyck Dr., St. Louis, MO 63123 (314) 480-1500 ()
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
8/2/16 Attorney General 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.

Timothy J. Kinealy, CPA [Signature]
 Committee Treasurer Candidate (Candidate Committees Only)