

Missouri Ethics Commission (MEC)

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

Office Use:	G	

Statement of Committee Organization

1.	Statement Information Date: 12/31/2014				
	Type: New Amended (if amending, enter MEC ID (51004 & section changed)				
2.	Committee Information				
	Ashcroft for Missouri				
	12138 Mirror Lake Drive, St Louis, MO 63146		(314)416-8724		
	Committee Mailing Address. Citv. State. & Zip		Telephone Number		
		St. Louis County			
	Omeon Committee cinan Address	County Clerk or Board of Election Commission	- Property		
	Committee Type: Campaign Candidate Continuing (F	PAC) Debt Service Figure Expl	oratory Political Party		
3.	Treasurer/Deputy Treasurer Information				
	Katherine Ashcroft				
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)			
	12138 Mirror Lake Drive, St Louis, MO 63146	(314)416-8724	<u>(·) ·</u>		
	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)			
		1	1		
	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, C	ity, 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)		. A.C.		
	evalues of Middling to				
6.	Candidate Supported or Opposed (candidate committees must a	include self if candidate)			
	John R. Ashcroft	(314)416-8724	/		
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	Only)		
	8/2/2016 Statewide	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)			
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose		
В.	Signature(s) Check certification(s) & sign (required by all comm	ittees)			
	I affirm and attest under penalty of perjury that information and				
further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch.					
	Katherini M. asherozt.	Cohnel	VILLOUPY		
	Committee Treasurer	Candidate (Candidate Committees Only)	- M -		
OIN	300-1308 Form must be completed in full & contain orig	mai signature(s), fax filings are	e not accepted. Page 1 of 3		

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.