



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

Office Use: AP AE

Statement of Committee Organization

1. Statement Information

Date: FEBRUARY 6 2015
 Type: New Amended (if amending, enter MEC ID C141324 & section changed 6)

2. Committee Information

FRIENDS OF KIRK MATHEWS
 Name of Committee

18161 MERAMEC VISTA LANE, PACIFIC MO 63069 (314) 402-9000
 Committee Mailing Address, City, State, & Zip Telephone Number

OFFICIAL COMMITTEE EMAIL ADDRESS _____ ST LOUIS COUNTY BOARD OF ELECTIONS
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

JOSHUA (JOSH) REED
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

16246 MARINE DEL RAY LANE (636) 821-1040 (636) 207-5700
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number

NA
 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 Name & Title (if any) _____ Additional Committee Officer's Mailing Address, City, State, & Zip

AMENDMENT
 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)

KIRK MATHEWS 18161 Meramec Vista Lane Pacific MO (314) 402-9000 _____
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)

8-2-2016 STATE REP DIST. 110 REPUBLICAN 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.

[Signature] _____ [Signature] _____
 Committee Treasurer Candidate (Candidate Committees Only)