



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

Office Use: *BB*

# Statement of Committee Organization

## 1. Statement Information

Date: 2/19/2015

Type:  New  Amended (if amending, enter MEC ID C151004 & section changed 2+6)

## 2. Committee Information

Ashcroft for Missouri  
 Name of Committee

12138 Mirror Lake Dr St Louis MO 63146  
 Committee Mailing Address, City, State, & Zip

(314) 384-2348  
 Telephone Number

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)

Treasurer's Email Address (optional)

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)

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)

John R Ashcroft 12138 Mirror Lake Dr St Louis 63146 (314) 384-2348  
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)

8/2/2016 MO Secretary of State 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.

Katherine Ashcroft  
 Committee Treasurer

John R Ashcroft  
 Candidate (Candidate Committees Only)