



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

Office Use: *Bob De*

Statement of Committee Organization

1. Statement Information

Date: 08/27/15
 Type: New Amended (if amending, enter MEC ID C091061 & section changed 6)

2. Committee Information

Scott Sifton for Missouri
 Name of Committee
PO Box 4396 (314) 544-1123
 Committee Mailing Address City, State, & Zip Telephone Number
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

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

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

Scott Sifton 7834 Oakwyck Drive Saint Louis, MO 63123 (314) 480-1500 ()
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
8/2/16 State Senate District 1 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)