



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

Office Use: 10/29/16 AUG 31 2016

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 8/29/16
 Type: New Amended (if amending, enter MEC ID C071082 & section changed 6)

2. Committee Information

Name of Committee: Committee to Elect Jake Hummel
 Committee Mailing Address, City, State, & Zip: 3841 Holly Hills Blvd.
 Telephone Number: (314) 457-1792
 County Clerk or Board of Election Commissioners: St. Louis City Board of Election Com.

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Robert C Muckler
 Treasurer's Mailing Address, City, State, & Zip: 1020 Bedford Ballwin MO 63011
 Treasurer's Home Telephone Number: ()
 Treasurer's Work Telephone Number: (314) 874 2074
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Home Telephone Number: ()
 Deputy 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)

Candidate Supported or Opposed (candidate committees must include self, if candidate)
 Name & Mailing Address, City, State & Zip of Candidate: Jacob Hummel 3841 Holly Hills Blvd. 63116
 Telephone Number (Candidate Committees Only): (314) 4571792
 Election Date: 10/8/16
 Office Sought & Political Subdivision: State Senate Dist 4
 Political Party: Dem
 Support or Oppose: Support

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.

Committee Treasurer: Robert C Muckler
 Candidate (Candidate Committees Only): Jacob Hummel