



## Missouri Ethics Commission (MEC)

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

**Statement of Committee Organization** 

## Office Use: NOV 2 1 2816

## HAND DELIVERED

1.	1. Statement Information		
	Date: 1//18/16 C 7/9/73		
	Type: New X Amended (if amending, enter MEC ID	_ <i>O                                   </i>	nanged
2.	Committee Information		
<b>2</b>	- common Committee to Elect	The Hummel	
	Name of Committee	) ALL (IKIVI)	
			( )
	Committee Mailing Address, City, State, &		Telephone Number
	• • • • • • • • • • • • • • • • • • •		
	<b>VIII.</b>	County Clerk or Board of Election Commiss	ioners
	Committee Type: Campaign Candidate Continuin	g (PAC) Debt Service Exp	loratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
		Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Treasurer's Mailing Address, City, State, & Zip	rreasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional	D
	Deputy Treasurer 5 Harrie (if Otte appointed)	beparty reasoner a cinam readiess (options.	,
	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 Add	lress, 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 committ	ee?  Yes (refer to instructions on	back) No
5.	Official Bank Account Information (required by all committee		
	No. 9 Addition Adding City Cases 9 7th of Figure 21 Institution	Account Name	Account Number
	Name & Mailing Address, City, State, & Zip of Financial Institution		Account Number
6.	Candidate Supported or Opposed (candidate committees mu	ist include self, if candidate)	
	Jacob W. Humme St. Lovis Mo 63116	( <u>314) 457   792</u>	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	
	8///d018 Senate Vist4	<u> Nem</u>	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committee	s must complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
o	Signaturals) Chack contification(s) & sign (required by all so	mmittoocl	
8.	Signature(s) Check certification(s) & sign (required by all committees)		
	Traffirm 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 pur	nishable under Ch. 575 RSMo.
	Kolyyt Musklen	Charle M.	-/XX
	Committee Treasurer	Candidate (Candidate Committees Only)	11

MO 300-1308 Packet (Rev. 11/2014)