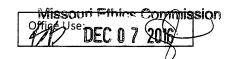


Missouri Ethics Commission (MEC)

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



Statement of Committee Organization

1.	Statement Information		
	Date: <u>(2/5/16</u>		
	Type: New Amended (if amending, enter MEC ID 61061 & section changed 6		
2.	Committee Information	· .	
	Scott Sitton For Missouri	j	
	Name of Committee		
	Committee Mailing Address, City, State, & Zip		() Telephone Number
			reseptione Humber
	Official Committee Email Address	County Clerk or Board of Election Commissi	oners
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Exp	loratory Political Party
3.	Treasurer/Deputy Treasurer Information		
		<u> </u>	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	Towns of Marity and the City Council Towns	()	()
	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 shame estitle (it any	Additional Committee Officer's Mailing Add	ress, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address,	City Ctato P. Zin
			<u> </u>
ς	CANDIDATES: Do you have more than one candidate committees Official Bank Account Information (required by all committees)	Yes (refer to instructions on	back) No
	THE STATE OF THE S	<u> </u>	
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.			Account Number
υ.	Candidate Supported or Opposed (candidate committees must	Include self, if candidate)	
	Name & Mailling Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	Only)
	1113/20 Statewile		
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees i	must complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	nature(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		
	her acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Tithy J. Kindy, (PA	48	_
	Committee Treasurer	Candidate (Candidate Committees Only)	