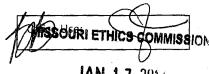


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



JAN 17 201/

1.	Statement Information	PAND DELIVERED
	Date: 1/8/17	MICO)
_	Type: -New - Amended (if amending, enter MEC ID	& section changed)
2.	Sarahy formust. Louis	
	Name of Committee 3841 Holly Hills Blud St. W. Committee Mailing Address. City, State, & Zip	US, Mo (03116 (314) 329 4467 Telephone Number
	Official Committee Cinan Address	County Clerk or Board of Election Commissioners
	Committee Type: ▼ Sampaign □ Candidate □ Continuing (Page 1)	AC) 🗆 Debt Service 🗀 Exploratory 🗀 Political Party
3.	Treasurer/Deputy Treasurer Information	
	Kathy Gamacke Treasurer's Name (First & Last)	
	Treasurer's Mailing Address, City, State, & Zip	(3)4)353-6857 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
l.	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
	CANDIDATES: Do you have more than one candidate committee?	\square Yes (refer to instructions on back) \square No
•	Official Bank Account Information (required by all committees)	-IA
	Candidate Supported or O	nclude self, if candidate)
	Sarah Maitin 3541 Holly Hills Blval 63116 Name & Mailing Address, City, State & Zip of Candidate	()()
	Name & Mailing Address, City, State & Zip of Candidate 5 the city Me 11 has been seen as the city Me 12 has been seen as the city Me 13 has been seen as the city Me 14 has been seen as the city Me 15 has been seen as the city Me 16 has been seen as the city Me 17 has been seen as the city Me 18 has been seen as the city	Telephone Number (Candidate Committees Only)
	Election Date Office Sought & Political Subdivision	Political Party Support or Ippose
7.	Ballot Measure Supported or Opposed (campaign committees mu	ust complete this section)
	Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose
.	Signature(s) Check certification(s) & sign (required by all commi	ttees)
	Laffirm and attest under penalty of perjury that information and	
/	further acknowledge that I am aware that any false statement or de	eclaration made herein s punishable under Ch. 575 RSMo.
	Complittee Tresseler	Candidate Landidate Committees Only)

MO 300-1308 V Packet (Rev. 12/2016) Form must be completed in full & contain original signature(s), fax filings are not accepted.

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