



Office files
 MAR 09 2018

Statement of Committee Organization

1. Statement Information

Date: 3/5/2018

Type: New Amended (if amending, enter MEC ID C000621 & section changed 3)

2. Committee Information

Name of Committee

Committee Mailing Address, City, State, & Zip

Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Norm Baker

Treasurer's Name (First & Last)

6645 State Route Hwy 77 Benton MO 63736

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

Treasurer's Home Telephone Number

(573) 225-8221

Treasurer's Work Telephone Number

Mark Habbas

Deputy Treasurer's Name (if one appointed)

115 McMenamy Road St. Peters, MO 63376

Deputy Treasurer's Mailing Address, City, State, & Zip

Deputy Treasurer's Email Address (optional)

Dep. Treasurer's Home Telephone Number

(314) 393-9757

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDMENT

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? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

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

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

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.

Norm Baker
 Committee Treasurer

Candidate (Candidate Committees Only)